



Agency for Healthcare Research and Quality

2000
Spring/Summer

Publications Catalog



U.S. Department of Health and Human Services
Public Health Service
Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) is a component of the Public Health Service (PHS). Its goals are to promote effective, appropriate, high-quality health care; increase access to care; and improve the way health services are organized, delivered, and financed.

The Agency was established by Congress in December 1989 as the successor to the National Center for Health Services Research and Health Care Technology Assessment. On December 6, 1999, under Public Law 106-129, the Agency for Health Care Policy and Research (AHCPR) was reauthorized and renamed the Agency for Healthcare Research and Quality (AHRQ). The law authorizes AHRQ to continue its research on the cost, quality, and outcomes of health care, and expands its role to improve patient safety and address medical errors. AHRQ funds research on key health care delivery and medical effectiveness issues through grants and contracts. Its in-house researchers and health care professionals conduct analyses on a range of policy issues and evaluate the risks and effects of specific health care technologies.

The publications in this catalog describe AHRQ programs, present research findings and assessments of health care technologies, and announce funding opportunities for health services researchers, including medical effectiveness researchers. **Please be sure to check related subject areas in this catalog, as some funding information and special topics of interest may be found elsewhere in the catalog.**

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Table of Contents

List of Publications	1
Agency Information	1
AIDS	1
Children's Health	2
Clinical Practice Guidelines	4
Clinical Preventive Services	9
Consumer Information and Education	10
Data Development and Use	11
Dental Health	12
Elderly/Long-Term Care	12
Evidence-Based Medicine	15
Funding Information/Opportunities	17
Health Care Cost and Utilization	18
Health Care Markets/Managed Care	21
Health Insurance/Access to Care	22
Health Services Research	25
Health Technology	25
Medical Effectiveness/Outcomes Research	27
Medical Informatics	28
Medical Liability	29
Minority Health	29
Primary Care	30
Quality of Care	32
Statistical and Methodological Research	33
Women's Health	34
Subject Index	36
Title Index	46
AHRQ Publications Order Form	53
InstantFAX	55
Government Printing Office Ordering Form	57
National Technical Information Service Ordering Information	63

Agency Information

Agency for Health Care Policy and Research Strategic Plan. Agency for Health Care Policy and Research, April 1999, 18 pp. Outlines the Agency's vision and mission. Discusses how the plan relates to the Healthy People 2000 and 2001 goals as well as the Department of Health and Human Services' Strategic Plan. Includes strategies for prioritizing the agency's activities. (AHCPR 99-R045)

Agency for Healthcare Research and Quality: Reauthorization. Agency for Healthcare Research and Quality, revised December 1999, 2 pp. Summarizes the 1999 reauthorization and significant changes, including the change in name from AHCPR to AHRQ. (AHRQ 00-P002)

AHCPR Focuses on Information for Health Care Decision Makers. J. Eisenberg, *HSR: Health Services Research*, 33(4):October 1998, 767-781. Assembles a snapshot of the Agency for Health Care Policy and Research—its history, role, guiding principles, and activities. (AHCPR 99-R004)

Planning and Accountability at AHCPR: Applying the Quality Message at Home. L. Simpson, J. Osborne, J. Eisenberg, *Health Services Research*, 34(2):June 1999, 3 pp. Introduces and sets the context for the Agency for Health Care Policy and Research's strategic plan, which includes a focus on customer and stakeholder

responsiveness, a demand for results and accountability, and the need to engage employees at every level of change. Furthers the agency's goal to communicate agency priorities to the research community and foster dialogue and input from researchers into agency initiatives. (AHCPR 99-R077)

Quality Research for Quality Health Care. Agency for Healthcare Research and Quality, March 2000, 4 pp. Briefly summarizes the purpose and goals of the Agency, major projects and quality improvement initiatives, and important impacts of AHRQ's user-driven research. (AHRQ 00-P005)

Title IX – Agency for Healthcare Research and Quality. December 1999, 24 pp. Legislation that reauthorized and renamed the Agency for Health Care Policy and Research to Agency for Healthcare Research and Quality (AHRQ 00-R018)

Views from Funding Agencies: Agency for Health Care Policy and Research. J. Eisenberg, *Medical Care*, 37(3):1999, 217-219. Provides background information on the agency's funding level. Explains current research challenges (developing quality of care measures for vulnerable populations, improving the quality of care for low-income children, assessing quality improvement strategies in health care, translating research into practice, and supporting Centers for Education and Research on Therapeutics). (AHCPR 99-R049)

AIDS

Cost and Financing of Care for Persons With HIV Disease: An Overview.

F. Hellinger, *Health Care Financing Review*, 19(3):Spring 1998, 5-18. Explores the impact of new combination drug therapies on the cost and financing of human immunodeficiency virus (HIV) disease. (AHCPR 99-R028)

Dental Service Use Among Adults with Human Immunodeficiency Virus Infection.

J. Fleishman, D. Schneider, I. Garcia, et al., *Medical Care*, 35(1):77-85. Describes the use of dental health services among persons with human immunodeficiency virus (HIV) infection. Bases findings on a large, heterogeneous sample from several communities. (AHCPR 97-R040)

Functional Status Transitions and Survival in HIV Disease.

J. Fleishman, S. Crystal, *Medical Care*, 36(4):533-543. Examines the prevalence of limitations in physical functioning in a sample of 1,784 adults with HIV infection. Assesses changes in functional status during a 1-year period. (AHCPR 98-R052)

Longitudinal Patterns of Medical Service Use and Costs Among People With AIDS. J. Fleishman, V. Mor, L. Laliberte, *HSR: Health Services Research*, 30(3):August 1995, 403-424. Examines the effects of race, human immunodeficiency virus transmission group, and decedent status on the use and cost of inpatient and outpatient care

among 914 people with acquired immunodeficiency syndrome. (AHCPR 96-R009)

Medications Used for Paediatric HIV Infection in the USA, 1991-1992. D. Hsia, *AIDS Care*, 10(6):1998, 761-770. Uses ACSUS data to report the types and cost of pharmaceuticals used by HIV-infected children. (AHCPR 99-R031)

Transitions in Insurance and Employment Among People With HIV Infection.

J. Fleishman, *Inquiry*, 35(1):Spring 1998, 36-48. Examines the extent to which people with HIV infection change their insurance and employment status over time, and investigates the correlates (i.e., prior changes in employment and disease stage) of such changes. (AHCPR 98-R059)

Utilization of Home Care Among People with HIV Infection. J. Fleishman, *HSR: Health Services Research*, 32(2):June 1997, 155-175. Examines factors affecting the utilization of formal and informal home care services by people with HIV infection. (AHCPR 97-R082)

Variations in the Care of HIV-Infected Adults in the United States. M. Shapiro, S. Morton, D. McCaffrey, et al., *JAMA*, 281(24):June 23-30, 1999, 2305-2315. Examines the variations in the care received by a national, representative sample of the adult U.S. population infected with human immunodeficiency virus (HIV). Finds that not all persons infected with HIV receive adequate care. (AHCPR 99-R058)

Children's Health

Annual Report on Access to and Utilization of Health Care for Children and Youth in the United States—1999.

M. McCormick, B. Kass, A. Elixhauser, et al., *Pediatrics*, 105(1):January 2000, 219-230. First in a series of reports on access to and use of health care services by America's children and youth. Capitalizes on the existence of two national datasets, the Medical Expenditure Panel Survey and the Healthcare Cost and Utilization Project. (AHRQ 00-R014)

The Burden of Environmental Tobacco Smoke Exposure on the Respiratory Health of Children 2 Months Through 5 Years of Age in the United States: Third National Health and Nutrition Examination Survey, 1988 to 1994. P. Gergen, J. Fowler, K. Maurer, *Pediatrics*, 101(2):February 1988, 1-6. Measures the effect of environmental tobacco smoke on the respiratory health of a national sample of 7,680 children. (AHCPR 98-R033)

Child Health Services: Building a Research Agenda. Agency for Health Care Policy and Research, February 1997, 31 pp. Executive Summary of this Report to the Committee on Appropriations, U.S. House of Representatives, reviews the need for a research agenda that specifically addresses the needs of children; describes the Agency's activities and progress, including its collaborative approach to developing a children's research agenda; and

outlines principal priorities identified to date. (AHCPR 97-R055)

Child Health Services Research: Challenges and Opportunities.

C. Forrest, L. Simpson, C. Clancy, *Journal of the American Medical Association*, 277(22):1997, 1787-1793. Examines why children merit a separate focus in health services research—while identifying factors that have led to the failure of appropriate development of child health services research—and offers a set of strategies for how to build the research capacity of the field. (AHCPR 97-R071)

Children and Managed Care: What Research Can, Can't, and Should Tell Us about Impact.

L. Simpson, I. Fraser, *Medical Care Research and Review*, 56(Supplement 2):1999, 13-36. Examines the pace and context of the move to managed care for children, potential opportunities and challenges emerging from these changes, research findings on how managed care affects children, and next steps for learning more. (AHCPR 99-R062)

Children's Health Insurance, Access to Care, and Health Status: New Findings.

R. Weinick, M. Weigers, J. Cohen, *Health Affairs*, 17(2):March/April 1998, 127-136. Provides baseline data from the Medical Expenditure Panel Survey for evaluating results of the Children's Health Insurance Program and other policies and programs designed to improve the health and well-being of American children. (AHCPR 98-R035)

Children's Health Insurance Coverage and Family Structure, 1977-1996. R. Weinick, A. Monheit, *Medical Care Research and Review*, 56(1):March 1999, 55-73. Documents changes in children's health insurance coverage. Finds that parents' marital status, employment status, and family income are crucial factors associated with children's insurance status. (AHCPR 99-R051)

Children's Health, 1996. M. Weigers, R. Weinick, J. Cohen, *MEPS Chartbook No. 1*, March 1998, 30 pp. Presents data on the health insurance status of children in the United States, addresses access to health care issues, and discusses the health status of children. (AHCPR 98-0008)

Determinants of Ambulatory Mental Health Services Use for School-Age Children and Adolescents. P. Cunningham, M. Freiman, *HSR: Health Services Research*, 31(4): October 1996, 409-427. Using NMES data, provides strong evidence that the socioeconomic status of children is an important factor in explaining the unmet need for mental health services. (AHCPR 97-R033)

Making the Link: Strategies for Coordinating Publicly Funded Health Care Coverage for Children. C. Mann, L. Cox, D. Ross, prepared for Agency for Healthcare Research and Quality, February 2000, 34 pp. Describes strategies States can use to coordinate State Children's Health Insurance Program (SCHIP) coverage with existing Medicaid

coverage. Uses examples already used in various States. (AHRQ 00-0014)

Medicaid's Problem Children: Eligible But Not Enrolled. T. Selden, J. Banthin, J. Cohen, *Health Affairs*, 17(3):May/June 1998, 192-200. Uses the results from the 1996 Medical Expenditure Panel Survey to explain the importance of and need for the President's priority to improve Medicaid outreach. Presents estimates of the number of Medicaid-eligible, but uninsured children. (AHCPR 98-R067)

Oral Health Component of Child Health Services Research. J. Crall, *Journal of Dental Education*, 61(10): October 1997, 776-780. Provides a synopsis of the major points raised in an article, "Child Health Services Research: Challenges and Opportunities," by Forrest et al., along with commentary on their relevance to children's dental problems, oral health care, and an oral health component of child health services research. (AHCPR 98-R017)

Pediatric Guidelines and Managed Care. L. Simpson, D. Kamerow, I. Fraser, *Pediatric Annals*, 27:April 1998, 234-240. Reviews the primary sources for guidelines addressing pediatric care and the forces driving their increased use, including their use in managed care settings; and reviews findings of the research literature looking at use and impact of guidelines. (AHCPR 98-R081)

Pediatric Outcomes Research in the U.S. Department of Health and Human Services. Report to the Committee on Appropriations, U.S. House of Representatives. Agency for Health Care Policy and Research, January 1998, 161 pp. Responds to the request for a report on pediatric outcomes research from the House Committee on Appropriations, Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies. (AHCPR 98-R022)

Specific Issues Related to Developing, Disseminating, and Implementing Pediatric Practice Guidelines. H. Bauchner, L. Simpson, *HSR: Health Services Research*, 33(4):October 1998, 1161-1177. Describes the ways in which medical information should be developed and disseminated, and focuses on pediatric practice guidelines as an example of one type of information. (AHCPR 99-R003)

Tracking the State Children's Health Insurance Program with Hospital Data: National Baselines, and State Variations, and Some Cautions. B. Friedman, J. Jee, C. Steiner, et al., *Medical Care Research and Review*, 56(4):December 1999, 440-455. Uses hospital data for 19 States to estimate baseline rates of ambulatory care sensitive (ACS) conditions (those for which most hospital admissions could be avoided). Discusses trends and cross-state variations just before the implementation of the State Children's Health Insurance Program, some cautions about the use of hospital data, and a relationship between the rate of asthma admissions and the

proportion of self-pay plus Medicaid-enrolled cases. (AHRQ 00-R009)

Treatment of Acute Gastroenteritis: Too Much and Too Little Care.

N. Merrick, B. Davidson, S. Fox, *Clinical Pediatrics*, September 1996, 429-435. Reviews the health services literature regarding care for gastroenteritis in children and the following: U.S. health care utilization, use of oral rehydration therapy, and quality of care. (AHCPR 97-R038)

Waiting in the Wings: Eligibility and Enrollment in the State Children's Health Insurance Program. T. Selden, J. Banthoin, J. Cohen, *Health Affairs*, 18(2):March/April 1999, 126-133. Examines data from (and the policy implications of) the 1996 Medical Expenditure Panel Survey, which shows that 3.1 million children are eligible for coverage under the State Children's Health Insurance Program. (AHCPR 99-R050)

Clinical Practice Guidelines

Before and After Guidelines.

D. Kamerow, *The Journal of Family Practice*, 44(4):April 1997, 344-346. Discusses factors contributing to the growth of guidelines in the United States, the role of evidence and dissemination, and AHCPR's focus on the guideline process. (AHCPR 97-R075)

Clinical Practice Guidelines in Practice and Education.

A. Berg, D. Atkins, W. Tierney, *Journal of General Internal Medicine*,

12:April 1997, S25-S33. Presents an overview of methods used to construct clinical practice guidelines; discusses an extended example, screening for prostate cancer; and concludes with a review of the use of clinical practice guidelines in practice and education. (AHCPR 97-R077)

Cost Analysis Methodology for Clinical Practice Guidelines.

AHCPR Conference Proceedings, March 1995, 104 pp. Thematic and discussion papers present a framework for conducting guideline cost analyses. Synthesizes current cost analysis methodologies, information systems to support cost analysis activities, organizational issues, and consumer needs and uses. (AHCPR 95-0001)

Methodology Perspectives.

K. McCormick, S. Moore, R. Siegel, eds., Agency for Health Care Policy and Research, January 1995, 127 pp. Contains 15 papers on an array of methodologic approaches used in developing clinical practice guidelines. (AHCPR 95-0009)

Using Clinical Practice Guidelines To Evaluate Quality of Care. Volume 1, Issues.

42 pp. (AHCPR 95-0045)

Using Clinical Practice Guidelines To Evaluate Quality of Care. Volume 2, Methods.

124 pp. (AHCPR 95-0046)

Agency for Health Care Policy and Research, March 1995. A two-volume report for practitioners, providers, and professional organizations that describes how to translate clinical practice guidelines into review criteria and perfor-

mance measures and how to determine if health care delivery conforms to the guidelines.

Clinical Practice Guideline Availability

Individual copies of the Clinical Practice Guideline products are available from the AHRQ clearinghouse. See topics and information on pp. 4-9. Bulk copies are available for sale from the Government Printing Office (GPO). See GPO order form on pp. 57. Refer to SN# for GPO ordering.

Electronic users can access and download clinical practice guidelines online. Visit the AHRQ Web site at www.ahrq.gov/clinic/ and select *Clinical Practice Guidelines Online*.

Acute and Chronic Incontinence

Agency for Health Care Policy and Research, March 1996. A series of booklets updates an earlier guideline on this topic. Includes information on chronic incontinence and management in long-term care settings.

Establishing, Implementing, and Continuing an Effective Continence Program in a Long-Term Care Facility. *ALERT for Directors of Nursing*, August 1996, 2 pp. Companion for directors of nursing to use with *Helping People With Incontinence. Caregiver Guide*. Outlines the

essential elements of a continence program (education, motivation, and followup). Includes recommendations for evaluating, identifying, and treating urinary incontinence. (AHCPR 96-0063)

Helping People With Incontinence. Caregiver Guide. 6 pp. (AHCPR 96-0683; SN 017-026-00162-0) **Spanish language booklet** (AHCPR 97-0688)

Managing Acute and Chronic Urinary Incontinence. Quick Reference Guide for Clinicians. 28 pp. (AHCPR 96-0686; SN 017-026-00156-5)

Understanding Incontinence. Patient Guide. 10 pp. (AHCPR 96-0684; SN 017-026-00157-3) **Spanish language booklet** (AHCPR 96-0685)

Urinary Incontinence in Adults: Acute and Chronic Management. Clinical Practice Guideline Number 2, 1996 Update. 154 pp. (AHCPR 96-0682; SN 017-026-00155-7)

Acute Low Back Problems in Adults

Agency for Health Care Policy and Research, December 1994. A series of booklets presents findings and recommendations on the assessment and treatment of adults with acute low back problems. Focus is on helping patients relieve painful symptoms, improve their activity tolerance, and prevent future low back problems.

Acute Low Back Problems in Adults: Assessment and Treatment. Quick Reference

Guide for Clinicians, 27 pp. (AHCPR 95-0643; SN 017-026-00141-7)

Acute Low Back Problems in Adults. Clinical Practice Guideline Number 14. 160 pp. (AHCPR 95-0642; SN 017-026-00140-9)

Understanding Acute Low Back Problems. Patient Guide. 13 pp. (AHCPR 95-0644; SN 017-026-00139-5) **Spanish language booklet.** (AHCPR 95-0645)

Acute Pain Management

Agency for Health Care Policy and Research, February 1992. A series of booklets and a drug dosage guide. Presents techniques for assessing and managing acute short-term pain resulting from surgery, medical procedure, or trauma; for use by doctors, nurses, and other health care providers. A companion "patient's guide" (English/Spanish versions) explains treatment options and other information about post-surgical pain.

Acute Pain Management in Adults: Operative Procedures. Quick Reference Guide for Clinicians. 22 pp. (AHCPR 92-0019; SN 017-022-01180-8)

Acute Pain Management in Infants, Children, and Adolescents: Operative and Medical Procedures. Quick Reference Guide for Clinicians. 22 pp. (AHCPR 92-0020; SN 017-022-01181-6)

Acute Pain Management: Operative or Medical Procedures and Trauma. Clinical Practice Guideline Number 1. 145 pp. (AHCPR 92-0032; SN 017-022-01182-4)

Pain Control After Surgery. A Patient's Guide. 13 pp. (AHCPR 92-0021; SN 017-022-01183-2) **Spanish language booklet** (AHCPR 92-0068)

Pharmacologic Management of Acute Pain. Dosing Data. 4 pp. Pocket dosage guide. Card, folded to 4 x 6 inches. (AHCPR 92-0086)

Benign Prostatic Hyperplasia

Agency for Health Care Policy and Research, February 1994. A series of booklets provides information on the diagnosis and treatment of benign prostatic hyperplasia (BPA). Presents recommendations and information on invasive and noninvasive diagnostic methods, choosing the most appropriate and effective diagnostic methods for detecting BPH and gauging its severity, and selecting the most appropriate treatment approach.

Benign Prostatic Hyperplasia: Diagnosis and Treatment. Clinical Practice Guideline Number 8. 225 pp. (AHCPR 94-0582; SN 017-026-00120-4)

Benign Prostatic Hyperplasia: Diagnosis and Treatment. Quick Reference Guide for Clinicians. 13 pp. (AHCPR 94-0583; SN 017-026-00121-2)

Treating Your Enlarged Prostate. Patient Guide. 21 pp. (AHCPR 94-0584; SN 017-026-00119-1) **Spanish language booklet** (AHCPR 94-0585)

Cardiac Rehabilitation

Agency for Health Care Policy and Research, October 1995. A series of booklets discusses a comprehensive approach to cardiac rehabilitation that includes exercise training to improve exercise tolerance and stamina, and education, counseling, and behavioral interventions to assist patients in achieving and maintaining optimal health.

Cardiac Rehabilitation as Secondary Prevention. Quick Reference Guide for Clinicians. 24 pp. (AHCPR 96-0673; SN 017-026-00153-1)

Cardiac Rehabilitation. Clinical Practice Guideline Number 17. 202 pp. (AHCPR 96-0672; SN 017-026-00154-9)

Recovering From Heart Problems Through Cardiac Rehabilitation. Patient Guide. 13 pp. (AHCPR 96-0674; SN 017-026-00152-2) **Spanish language booklet** (AHCPR 96-0675)

Cataract in Adults

Agency for Health Care Policy and Research, February 1993. A series of booklets presents options for treatment of cataract, risks and benefits of cataract surgery, and a discussion of postoperative care.

Cataract in Adults. A Patient's Guide. 12 pp. (AHCPR 93-0544; SN 017-026-00122-1) **Spanish language booklet** (AHCPR 94-0545)

Cataract in Adults: Management of Functional Impairment. Clinical Practice

Guideline Number 4. 226 pp. (AHCPR 93-0542; SN 017-026-00126-3)

Management of Cataract in Adults. Quick Reference Guide for Clinicians. 15 pp. (AHCPR 93-0543; SN 017-026-00127-1)

Depression in Primary Care

Agency for Health Care Policy and Research, April 1993. A series of booklets provides information on depression and stresses the importance of early detection; correct diagnosis; and treatment using medications, psychotherapies, or a combination of both.

Depression in Primary Care: Detection, Diagnosis, and Treatment. Quick Reference Guide for Clinicians. 21 pp. (AHCPR 93-0552; SN 017-022-01199-9)

Depression in Primary Care: Volume 1. Detection and Diagnosis. Clinical Practice Guideline Number 5. 124 pp. (AHCPR 93-0550; SN 017-022-01197-2)

Depression in Primary Care: Volume 2. Treatment of Major Depression. Clinical Practice Guideline Number 5. 175 pp. (AHCPR 93-0551; SN 017-022-01198-1)

Depression Is A Treatable Illness. A Patient's Guide. 31 pp. (AHCPR 93-0553; SN 017-022-01200-6) **Spanish language booklet** (AHCPR 93-0554)

Early Alzheimer's Disease

Agency for Health Care Policy and Research, September 1996. A series of booklets describes

the early signs and symptoms of Alzheimer's disease and discusses steps to follow in conducting an initial assessment for the disease or a related dementia in the early stages. Resources for clinical evaluation are included, as well as sources of medical, social, and financial support.

Early Alzheimer's Disease. Patient and Family Guide. 15 pp. (AHCPR 96-0704; SN 017-026-00163-8) **Spanish language booklet** (AHCPR 97-0705)

Early Identification of Alzheimer's Disease and Related Dementias. Quick Reference Guide for Clinicians. 28 pp. (AHCPR 97-0703; SN 017-026-00164-6)

Recognition and Initial Assessment of Alzheimer's Disease and Related Dementias. Clinical Practice Guideline Number 19. 143 pp. (AHCPR 97-0702; SN 017-026-00165-4)

Heart Failure

Agency for Health Care Policy and Research, June 1994. A series of publications presents information on the evaluation and care of patients with heart failure due to reduced left-ventricular systolic function—the most common type of heart failure. Provides specific recommendations for patient management in the areas of prevention, treatment, hospital admission/discharge criteria, pharmacological management, patient counseling and education, exercise/rehabilitation, evaluation for myocardial revascularization, and patient monitoring and followup.

Heart Failure: Evaluation and Care of Patients With Left-Ventricular Systolic Dysfunction. Clinical Practice Guideline Number 11. 122 pp. (AHCPR 94-0612; SN 017-026-00113-1)

Heart Failure: Management of Patients With Left-Ventricular Systolic Dysfunction. Quick Reference Guide for Clinicians. 21 pp. (AHCPR 94-0613; SN 017-026-00114-0)

Living With Heart Disease: Is It Heart Failure? Patient and Family Guide. 25 pp. (AHCPR 94-0614; SN 017-026-00115-8) **Spanish language booklet** (AHCPR 94-0615)

Management of Cancer Pain

Agency for Health Care Policy and Research, March 1994. A series of booklets designed to help clinicians understand the assessment and treatment of cancer pain. Reflects a multimodal approach to the management of pain and emphasizes the need for careful and continual assessment to provide interventions to manage the pain. Includes a section on the management of HIV and AIDS pain.

Management of Cancer Pain: Adults. Quick Reference Guide for Clinicians. 29 pp. (AHCPR 94-0593; SN 017-026-00125-5)

Management of Cancer Pain. Clinical Practice Guideline Number 9. 257 pp. (AHCPR 94-0592; SN 017-026-00123-9)

Managing Cancer Pain. Patient Guide. 21 pp. (AHCPR 94-0595; SN 017-

026-00124-7) **Spanish language booklet** (AHCPR 94-0596)

Otitis Media with Effusion

Agency for Health Care Policy and Research, July 1994. A series of booklets presents information on otitis media with effusion in young children. Provides recommendations for diagnosis and hearing evaluation; control of environmental factors; and management interventions, including observation, use of antibiotics or other medications, and the appropriateness and timing of surgery.

Managing Otitis Media with Effusion in Young Children. Quick Reference Guide for Clinicians. 12 pp. (AHCPR 94-0623; SN 017-026-0018-2)

Middle Ear Fluid in Young Children. Parent Guide. 13 pp. (AHCPR 94-0624; SN 017-026-00117-4) **Spanish language booklet** (AHCPR 95-0625)

Otitis Media with Effusion in Young Children. Clinical Practice Guideline Number 12. 108 pp. (AHCPR 94-0622; SN 017-026-00116-6)

Post-Stroke Rehabilitation

Agency for Health Care Policy and Research, May 1995. A series of booklets offers health care providers a list of standardized assessment tools that can be used across the board to evaluate a stroke survivor's medical, psychological, and neurological condition and facilitate appropriate matching of patients and rehabilitation services. The patient and family guide spells out in detail

what consumers should know about stroke, caring for the survivor at home, and stroke rehabilitation services.

Post-Stroke Rehabilitation: Assessment, Referral, and Patient Management. Quick Reference Guide for Clinicians. 32 pp. (AHCPR 95-0663; SN 017-026-00147-6)

Post-Stroke Rehabilitation. Clinical Practice Guideline Number 16. 248 pp. (AHCPR 95-0662; SN 017-026-00148-4)

Recovering After a Stroke. Patient and Family Guide. 36 pp. (AHCPR 95-0664; SN 017-026-00146-8) **Spanish language booklet** (AHCPR 95-0665)

Pressure Ulcer Treatment

Agency for Health Care Policy and Research, December 1994. A series of booklets offers a comprehensive program for treating adults with pressure ulcers, with a focus on patient assessment, tissue load management, ulcer care, management of bacterial colonization and infection, operative repair in selected patients, and education and quality improvement. The guides for clinicians and consumers also include information on assessing the patient's nutritional status and selecting irrigation devices, cleansing solutions, and support surfaces.

Pressure Ulcer Treatment. Quick Reference Guide for Clinicians. 27 pp. (AHCPR 95-0653; SN 017-026-00143-3)

Treating Pressure Sores. Consumer Guide. 25 pp. (AHCPR 95-0654; SN 017-026-00144-1) **Spanish language booklet** (AHCPR 95-0655)

Treatment of Pressure Ulcers. Clinical Practice Guideline Number 15. 154 pp. (AHCPR 95-0652; SN 017-026-00142-5)

Pressure Ulcers in Adults

Agency for Health Care Policy and Research, May 1992. A series of booklets describes pressure ulcers, sites, risk of formation, prevention, and care.

Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline Number 3. 63 pp. (AHCPR 92-0047; SN 017-026-00108-5)

Pressure Ulcers in Adults: Prediction and Prevention. Quick Reference Guide for Clinicians. 15 pp. (AHCPR 92-0050; SN 017-026-00110-7)

Preventing Pressure Ulcers. A Patient's Guide. 11 pp. (AHCPR 92-0048; SN 017-026-00109-3) **Spanish language booklet** (AHCPR 93-0014)

Quality Mammography

Agency for Health Care Policy and Research, October 1994. A series of booklets presents a broad view of mammography services, starting when a woman or health care provider calls to schedule mammography and ending with the tracking, monitoring, and followup of the screened patient. The companion guides outline seven steps to breast health for women and provide

guidance for clinicians who refer women for screening or diagnostic mammography.

High-Quality Mammography: Information for Referring Providers. Quick Reference Guide for Clinicians. 21 pp. (AHCPR 95-0633; SN 017-026-00135-2)

Quality Determinants of Mammography. Clinical Practice Guideline Number 13. 170 pp. (AHCPR 95-0632; SN 017-026-00137-9)

Things To Know About Quality Mammograms. A Woman's Guide. 13 pp. (AHCPR 95-0634; SN 017-026-00136-1) **Spanish language booklet** (AHCPR 95-0635)

Consumer versions on quality mammography are available in Asian languages:

Chinese	(AHCPR 95-0639)
Creole	(AHCPR 96-G002)
Korean	(AHCPR 95-0638)
Laotian	(AHCPR 96-G001)
Tagalog	(AHCPR 95-0637)
Vietnamese	(AHCPR 95-0636)

Sickle Cell Disease

Agency for Health Care Policy and Research, April 1993. A series of booklets presents recommendations on universal screening, use of prophylactic antibiotics, comprehensive health care for infants and children, parent education, and genetic counseling.

Sickle Cell Disease: Comprehensive Screening and Management in Newborns and Infants. Quick Reference

Guide for Clinicians. 13 pp. (AHCPR 93-0563; SN 017-022-01209-0)

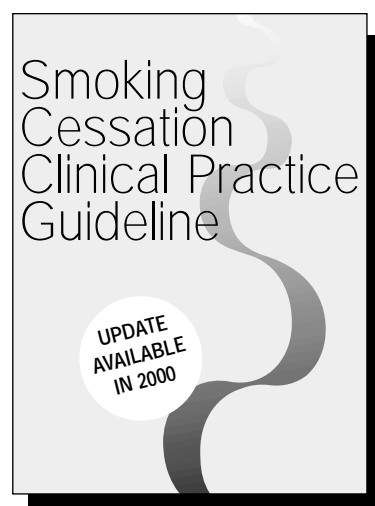
Sickle Cell Disease in Newborns and Infants. A Guide for Parents. 13 pp. (AHCPR 93-0564) **Spanish language booklet** (AHCPR 95-0565)

Sickle Cell Disease: Screening, Diagnosis, Management, and Counseling in Newborns and Infants. Clinical Practice Guideline Number 6. 97 pp. (AHCPR 93-0562; SN 017-022-01208-1)

Smoking Cessation

Agency for Health Care Policy and Research, April 1996. A series of booklets contains strategies and recommendations for helping smokers quit smoking and overcome their addiction to nicotine.

The Cost Effectiveness of AHCPR's Smoking Cessation Guideline. Agency for Health Care Policy and Research, July 1997, 69 pp. This report reviews cost-of-smoking literature; contains descriptions of AHCPR's smoking cessation clinical practice guideline, the



cost-effectiveness methodology used, and comparisons of the guideline's cost effectiveness with alternative medical interventions. (AHCPR 97-R049)

Helping Smokers Quit. A Guide for Primary Care Clinicians. 8-panel pocket guide. (AHCPR 96-0693; SN 017-026-00160-3)

Smoking Cessation, A Systems Approach: A Guide for Health Care Administrators, Insurers, Managed Care Organizations, and Purchasers. Agency for Health Care Policy and Research, April 1997, 6 pp. Provides the tools to make smoking cessation a priority in an organization, and to eliminate roadblocks in developing procedures for assessment and treatment. (AHCPR 97-0698; SN 017-026-00167-1)

Smoking Cessation. Clinical Practice Guideline Number 18. 125 pp. (AHCPR 96-0692; SN 017-026-00159-0)

Smoking Cessation: Information for Specialists. Quick Reference Guide for Smoking Cessation Specialists. 12 pp. (AHCPR 96-0694; SN 017-026-00161-1)

You Can Quit Smoking. Consumer Guide. 12 pp. (AHCPR 96-0695; SN 017-026-00158-1) **Spanish language booklet** (AHCPR 96-0696)

Consumer versions on smoking cessation are available in Asian languages:

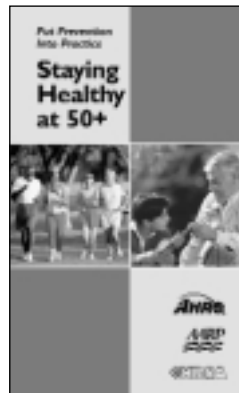
Cambodian (AHCPR 97-G008)
Chinese (AHCPR 97-G003)
Korean (AHCPR 97-G006)
Laotian (AHCPR 97-G007)
Tagalog (AHCPR 97-G004)
Vietnamese (AHCPR 97-G005)

Unstable Angina

Agency for Health Care Policy and Research, March 1994. A series of booklets presents recommendations and supporting evidence for the diagnosis and treatment of unstable angina in both the inpatient and outpatient settings. Provides background information and outlines patient management in seven discrete phases.

Diagnosing and Managing Unstable Angina. Quick Reference Guide for Clinicians. 25 pp. (AHCPR 94-0603; SN 017-026-00128-0)

Managing Unstable Angina. Patient and Family Guide. 20 pp. (AHCPR 94-0604; SN 017-026-00129-8) **Spanish language booklet** (AHCPR 94-0605)



Staying Healthy at 50+

Agency for Healthcare Research and Quality, American Association of Retired Persons (AARP), and the Health Resources and Services Administration (HRSA), January 2000. Describes ways that people aged 50 and older can stay healthy, including living habits to prevent certain diseases and conditions; screening tests to catch conditions or diseases early; and immunizations to prevent diseases. (AHRQ 00-0002; single copies free; package of 25, \$15) **Spanish language booklet** (AHRQ 00-0010)

Unstable Angina: Diagnosis and Management. Clinical Practice Guideline Number 10. 154 pp. (AHCPR 94-0602; SN 017-026-00130-1)

Clinical Preventive Services

Put Prevention Into Practice

Agency for Health Care Policy and Research. A series of science-based prevention materials promote a team approach to the delivery of preventive services in primary care settings. The three groups targeted are clinicians, office staff, and patients.

Child Health Guide. Pocket-sized consumer booklet provides a brief explanation of prevention topics for children, such as immunizations, lead screening, growth and development, and nutrition. Includes a place to keep records of tests, examinations, growth, and other information. (APPIP 98-0026; single copies free; package of 25, \$15) **Spanish language booklet** (AHCPR 99-0013)

Clinician's Handbook of Preventive Services, 2nd Edition. 1998, 524 pp. User-friendly manual for health professionals in two sections: children/adolescents and adults/older adults. Information provided on screening tests, immunizations/prophylaxis, and counseling. (APPIP 98-0025;\$20 each)

Personal Health Guide.

Pocket-sized consumer booklet provides a brief explanation of prevention topics for adults, such as blood pressure, cholesterol, weight, tobacco use, and physical activity. Includes a place to keep records of preventive care, dates, results, and other personal information. (APPIP 98-0027; single copies free; package of 25, \$15)
Spanish language booklet (AHCPR 99-0016)

Posters.

Clinical Preventive Services Timeline for Normal-Risk Adults.

(APPIP 98-0023)

Clinical Preventive Services Timeline for Normal-Risk Children.

(APPIP 98-0022)

We Put Prevention Into Practice. (APPIP 98-0024) (\$2 each poster)

All Put Prevention Into Practice materials are available from the AHRQ Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907. Call: (800)358-9295. Please refer to APPIP or AHRQ number when ordering.

U.S. Preventive Services Task Force.

Guide to Clinical Preventive Services, 2nd Edition. 1996, 930 pp. Updates the 1989 U.S. Preventive Services Task Force Report, providing evidence-

based recommendations for clinical preventive services (screening, immunizations, and counseling). (OM97-0001; \$20 each)

See above (Put Prevention Into Practice) for ordering information. A set of the **PPIP Clinician's Handbook and the Task Force Guide** is available. (APPIP 98-0062; \$35)

Consumer Information and Education

Be Informed: Questions to Ask Your Doctor Before You Have Surgery.

Agency for Health Care Policy and Research, January 1995, 12 pp. Provides 12 questions for patients to ask their primary care doctor and surgeon before having surgery—and the reasons for each question. Resources for additional information are included. (AHCPR 95-0027) **Spanish language booklet** (AHCPR 95-0064)

Choosing and Using a Health Plan.

Agency for Health Care Policy and Research and Health Insurance Association of America, March 1977, 29 pp. Explains to consumers how to choose and use a health plan, and where to look for more information. (AHCPR 97-0011) **Spanish language booklet** (AHCPR 98-0013)

Common Uterine Conditions. Options for Treatment.

Agency for Health Care Policy and Research, December 1997, 33 pp. Explains most of the problems that can affect a woman's reproductive system and the ways the problems can be treated. (AHCPR 98-0003) **Spanish language booklet** (AHCPR 98-0016)

Effective Dissemination of Health and Clinical Information to Consumers. *Annotated Bibliography.* Agency for Health Care Policy and Research, May 1995, 94 pp. Provides an overview of the research findings and conceptual work on dissemination and communication of information to the public. Includes 172 entries and is a companion document to *Information Dissemination to Health Care Practitioners and Policy-makers* (AHCPR 92-0030). (AHCPR 95-0055)

Market Structure and the Role of Consumer Information in the Physician Services Industry: An Empirical Test.

H. Wong, *Journal of Health Economics*, 15:1996, 139-160. Uses the Panzar and Rosse econometric test of market structure to evaluate the market for physician services. Tests the hypothesis that an increase in the number of physicians causes consumer "informational confusion." (AHCPR 97-R005)

Now You Have a Diagnosis—What's Next?

Agency for Healthcare Research and Quality, February 2000, 32 pp. Explains how to find reliable health care information, and how to use that information to look at benefits and risks of each treatment you may be considering. Also provides tips on developing a treatment plan with your health care providers. (AHRQ 00-0004)

Prescription Medicines and You. A Consumer Guide.

Agency for Health Care Policy and Research and National Council on Patient Information and Education, August 1996, 17 pp. Explains how patients can avoid errors when taking

medicine and provides tips on talking with health care professionals. (AHCPR 96-0056)

The consumer guide about taking prescription medicines is available in Spanish and Asian languages:

Cambodian (AHCPR 97-0019)

Chinese (AHCPR 97-0017)

Korean (AHCPR 97-0020)

Spanish (AHCPR 97-0002)

Vietnamese (AHCPR 97-0018)

Your Guide to Choosing Quality Health Care. Agency for Health Care Policy and Research, December 1998, 47 pp. Helps consumers apply research findings on quality measures and make major decisions regarding health plans, doctors, treatments, hospitals, and long-term care. (AHCPR 99-0012)

See pp 4-9 for consumer versions of clinical practice guidelines. See pp. 9-10 for prevention materials.

Data Development and Use

Building Data Research Resources From Existing Data Sets: A Model for Integrating Patient Data to Form a Core Data Set. H. Schwartz, S. Kunitz, R. Kozloff, Agency for Health Care Policy and Research, September 1996, 151-165. Describes efforts to

provide an automated patient record and health data system. Addresses policy issues as well. (AHCPR 96-R129)

The Case for National Health Data Standards. R. Coffey, J. Ball, M. Johantgen, et al., *Health Affairs*, 16(5): September/October 1997, 58-72. Examines statewide hospital inpatient data systems to show how health care data deviate from accepted standards. Highlights the challenges facing those who will implement the newly enacted Federal mandate for the development of health data standards. (AHCPR 98-R012)

Comorbidity Measures for Use With Administrative Data. A. Elixhauser, C. Steiner, D. Harris, et al., *Medical Care*, 36 (1):1998, 8-27. Improves on comorbidity measures for use with administrative inpatient data sets with a set of 30 factors for predicting hospital charges, length of stay, and in-hospital mortality. (AHCPR 98-R013)

A Compendium of Selected Public Health Data Sources. Agency for Health Care Policy and Research, November 1996, 137 pp, plus appendices. Identifies electronic and hard copy data sources useful for population-based public health planning. (AHCPR 97-0004)

Databases—Their Use in Developing Clinical Practice Guidelines and Estimating the Cost Impact of Guideline Implementation. S. Edinger, K. McCormick, *Journal of AHIMA*, 67(4):April 1996, 7 pp. Describes three types of databases (those for selecting topics, conducting literature reviews, and for estimating cost impacts). Shows how to use databases to estimate the

cost impact of implementing clinical practice guidelines. (AHCPR 96-R108)

Data Files from the 1987 National Medical Expenditure Survey. Information on Public Use Tapes and Other NMES-2 Data Available to the Public. October 1995, 31 pp. Describes NMES public use tapes, which are made available to the public through the National Technical Information Service. Includes ordering information and prices. Notes the availability of research files and the capability of merging NMES-2 data with other data. (AHCPR 96-R004)

The Federal and Private Sector Roles in the Development of Minimum Data Sets and Core Health Data Elements. K. McCormick, A. Renner, R. Mayes, et al., *Computers in Nursing*, 15(2):March/April 1997, S23-S32. Defines minimum data sets and core data elements for health care, reports on 17 data sets and elements, and recommends data elements to enhance reporting to Government and private sector initiatives. (AHCPR 97-R054)

Health Services Data Sources in the U.S. R. Arnett in *Encyclopedia of Biostatistics*, Vol. 3, edited by P. Armitage, T. Colton; New York: John Wiley, 1998, 1869-1877. Describes federally-sponsored health care surveys and related systems that serve as primary data sources for assessing the Nation's health and its health care needs. (AHCPR 98-R072)

A Proposal for a National Mammography Database: Content, Purpose, and Value. J. Osuch, M. Anthony, L. Bassett, et al., *AJR*, 164:1995, 1329-1334. Proposes to

develop a database that would include recruitment and followup mechanisms, would enhance participation in screening services, and could be used to evaluate physicians' skills in detecting and diagnosing breast cancer. Describes a mechanism for assessing changes in current screening efforts and future screening technology. (AHCPR 96-R005)

Dental Health

Demands and Opportunities for Development of Self-Reported Assessments of Oral Health Outcomes.

W. Maas, *Journal of Dental Education*, 60(6):June 1966, 508-513. Describes components of the dental care delivery system, the current demand for outcomes information, and opportunities for supporting research. (AHCPR 96-R130)

Dental Services: A Comparison of Use, Expenditures, and Sources of Payment, 1977 and 1987.

J. Moeller, H. Levy, *National Medical Expenditure Survey Research Findings* 26, January 1996, 24 pp. Compares aggregate dental care use, expenditures, payment sources, and prices during 1977-1987. Examines if the relationships between these variables and socioeconomic and demographic characteristics of the population remained stable during the decade. (AHCPR 96-0005)

Dental Services: Use, Expenditures and Sources of Payment, 1987.

R. Manski, J. Moeller, W. Maas, *Journal of the American Dental Association*, 130:April 1999, 500-508. Provides per capita estimates of dental care utilization, expenditures, mix of services

and sources of payment for each of several socioeconomic and demographic categories. Establishes the magnitude of the dental care market and the amounts paid by individual patients, private insurance companies, and Medicaid. (AHCPR 99-R070)

Elderly/Long-Term Care

AHCPR Research on Long-Term Care.

AHCPR Program Note, July 1997, 18 pp. Highlights findings as well as a complete list of long-term care research conducted and funded by AHCPR since 1990. Includes six broad areas: use, cost, and financing; access and quality of care; organization and delivery of care; consumer and caregiver behavior; special populations; and data development and methodology. (AHCPR 97-0054)

The Allocation of Resources in Intergenerational Households: Adult Children and Their Elderly Parents.

L. Pezzin, B. Schone, *Women, Health, and Aging*, 87(2):May 1997, 460-464. Investigates intrahousehold resource allocation and examines potential policy implications of intrafamily distribution of income for the welfare of elderly adults. (AHCPR 98-R029)

The Amount, Distribution, and Timing of Lifetime Nursing Home Use.

C. Murtaugh, P. Kemper, B. Spillman, et al., *Medical Care*, 35(3):1997, 204-218. Examines nursing home use in terms of the variation in use among subgroups of the population, the timing of use, the number of distinct episodes of

care experienced by users, and the risk of use and expected use at ages other than age 65. (AHCPR 97-R057)

Appropriate Placement of Nursing-Home Residents in Lower Levels of Care.

W. Spector, J. Reschovsky, J. Cohen, *The Milbank Quarterly*, 74(1):1996, 139-160. Updates and improves the estimates of the number of nursing-home residents who might be served in lower levels of care. Discusses why clinically inappropriate residents may continue to be placed in nursing homes and how estimates of appropriate placement should be made. (AHCPR 96-R067)

Assessing Access as a First Step Toward Improving the Quality of Care for Very Old Adults.

A. Bierman, E. Magari, A. Jette, et al., *Journal of Ambulatory Care Management*, 21(3):July 1998, 17-26. Reviews data on people aged 80 and older to assess the prevalence of barriers to care and to identify the characteristics that impact the accessibility of health services. (AHCPR 98-R076)

Characteristics of Nursing Home Residents—1996.

N. Krauss, B. Altman, *MEPS Research Findings No. 5*, December 1998, 24 pp. Uses data from the 1996 Nursing Home Component of the Medical Expenditure Panel Survey to profile the health and demographic characteristics of the approximately 1.56 million persons in the United States that were living in nursing homes on January 1, 1996. (AHCPR 99-0006)

Combining Activities of Daily Living With Instrumental Activities of Daily Living to

Measure Functional Disability. W. Spector, J. Fleishman, *Journal of Gerontology: Social Sciences*, 53B(1):1998, S46-S57. Assesses the dimensions of daily living measurements, uses item response theory methods to estimate disability scores for individuals, and discusses the implications for research and for using disability measures to determine program eligibility. (AHCPR 98-R028)

The Demand for Post-Acute and Chronic Care in Nursing Homes. J. Reschovsky, *Medical Care*, 36(4): 1998, 475-490. Differentiates between post-acute and chronic nursing home stays in order to provide meaningful information on consumer demand for nursing home care and to facilitate policy analysis in this area. (AHCPR 98-R057)

Design and Methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component. D. Potter, *MEPS Methodology Report*, 3:September 1998, 57 pp. Describes the design of and methods used in the MEPS Nursing Home Component. Includes information on the objectives, sample design, instruments of data collection, and data collection procedures. (AHCPR 98-0041)

Does Publicly Provided Home Care Substitute for Family Care? L. Pezzin, P. Kemper, J. Reschovsky, *The Journal of Human Resources*, 31(3):1996, 650-676. Uses data from a social experiment to determine if publicly financed home care increases the probability that unmarried persons will live independently. (AHCPR 97-R011)

The Effect of Medicaid Reimbursement on Quality of Care in Nursing Homes. J. Cohen, W. Spector, *Journal of Health Economics*, 15:1996, 23-48. Uses a nationally representative sample of nursing homes and nursing home residents to show that the reimbursement approach and level affect nursing home quality. Indicates staffing ratios impact resident outcomes, and impacts vary by the professional category of staff members. (AHCPR 96-R116)

Epidemiologic Trends in the Evaluation and Treatment of Lower Urinary Tract Symptoms in Elderly Male Medicare Patients from 1991 to 1995. W. Baine, W. Yu, J. Summe, et al., *The Journal of Urology*, 160:September 1998, 816-820. Reveals how the evaluation and treatment of lower urinary tract symptoms in elderly men in the United States changed during 1991 and 1995, and notes a sharp decline in invasive therapy for benign prostatic hyperplasia. (AHCPR 98-R087)

Epidemiology of Carotid Endarterectomy Among Medicare Beneficiaries: 1985-1996 Update. D. Hsia, L. Moscoe, W. Krushat, *Stroke*, 29:1998, 346-350. Describes the epidemiology of carotid endarterectomies among Medicare beneficiaries (includes patient characteristics, and changes in the rate and outcome of the procedure). (AHCPR 98-R039)

Family Structure and the Risk of Nursing Home Admission. V. Freedman, *Journal of Gerontology: Social Sciences*, 51B(2):1996, S61-S69. Explores how family structure and health measures impact the risk of nursing

home admission. Adopts a continuous time survival model with age at admission as the outcome measure. (AHCPR 97-R010)

Five Priority Areas for Research on Long-Term Care. R. Binstock, W. Spector, *HSR: Health Services Research*, 32(5): December 1997, 715-730. Outlines key topics in long-term care used to stimulate discussion at an Agency for Health Care Policy and Research meeting: development and refinement of quality-of-care measures; cost, demand, and quality of care; cost and quality of care across settings; innovation in providing care; and managed care and long-term care. (AHCPR 98-R020)

Functional Disability Scales. W. Spector, *Quality of Life and Pharmacoeconomics in Clinical Trials*, Second Edition, ed. B. Spilker, Philadelphia: Lippincott-Raven Publishers, 1996, 133-143. Focuses on the following four scales, their variations, their psychometric properties, and methodological issues: the Index of Activities of Daily Living, the Barthel Index, the Instrumental Activities of Daily Living Scale, and the Functional Activities Questionnaire. (AHCPR 96-R053)

Health-Related Behaviors and the Benefits of Marriage for Elderly Persons. B. Schone, R. Weinick, *The Gerontologist*, 38(5):1998, 618-617. Uses data from the 1987 National Medical Expenditure Survey to investigate the relationship between health behaviors, marital status, and gender in the elderly population. Estimates logistic regression models to determine which factors affect the likeli-

hood that elderly persons will undertake healthy behaviors. (AHCPR 99-R007)

The Impact of Ownership Type On Nursing Home Outcomes.

W. Spector, T. Selden, J. Cohen, *Health Economics*, 7:1998, 639-653. Questions whether and how economic behavior is affected by ownership type. Sorts residents between for-profit and nonprofit nursing homes and examines the effect of ownership on the health outcomes of those residents. (AHCPR 99-R026)

Implementing a Strategy for Improving Care: Lessons from Studying Those Age 80 and Older in a Health System.

M. Splaine, A. Bierman, J. Wasson, *Journal of Ambulatory Care Management*, 21(3):July 1998, 56-59. Describes solutions to the barriers arising in the practice of geriatric clinical care and provides a mnemonic for incorporating the measurement of objectives into daily work. (AHCPR 98-R077)

Interactions Between Hospital and Nursing Home Use.

M. Freiman, C. Murtaugh, *Hospital/Nursing Home Dynamics*, 110:September/October 1995, 546-554.

Compares hospitalizations of elderly persons that result in nursing home stays with hospitalizations that do not. Discusses policy implications. (AHCPR 96-R024)

Measuring Functioning in Daily Activities for Persons with Dementia.

W. Spector, *Alzheimer Disease and Associated Disorders*, 11(6):1997, 81-90. Reviews the measurement of functional disability for persons with dementia;

emphasizes the concepts of validity, measurement bias, and scaling properties; and questions if dementia-specific scales measure the disability consequences of cognitive impairment or actual cognitive impairments. (AHCPR 98-R025)

Nursing Homes—Structure and Selected Characteristics,

1996. J. Rhoades, D. Potter, N. Krauss, *MEPS Research Findings No. 3*, January 1998, 17 pp. Using the 1996 Nursing Home Component of the Medical Expenditure Panel Survey (MEPS), provides estimates of the number and distribution of nursing homes by nursing home type, ownership and chain affiliation, certification status, size, and geographic distribution. (AHCPR 98-0006)

Nursing Home Trends, 1987 and 1996.

J. Rhoades, N. Krauss, *MEPS Chartbook No. 3*, May 1999, 26 pp. Presents estimates on the nursing home market and characteristics of the nursing home population, compares nursing home facilities and residents in 1987 and 1996, and provides information on special care units for 1996 only. (AHCPR 99-0032)

Nursing Home Update—1996: Characteristics of Nursing Home Facilities and Residents.

N. Krauss, M. Freiman, J. Rhoades, et al., *MEPS Highlights*, 2:July 1997, 4 pp. Presents Round 1 data from the MEPS Nursing Home Component, which includes information gathered from a nationally representative sample of nursing homes during the first half of 1996. (AHCPR 97-0036)

Outcomes and Effectiveness Research in Alzheimer Disease.

C. Clancy, J. Cooper, *Alzheimer Disease and Associated Disorders*, 11(6):1997, 7-11. Reviews the forces underlying the interest in outcomes and effectiveness research, reviews conceptual definitions and methodological challenges, and considers issues related to interventions for Alzheimer disease. (AHCPR 98-R026)

Parental Marital Disruption and Intergenerational Transfers: An Analysis of Lone Elderly Parents and Their Children.

L. Pezzin, B. Schone, *Demography*, 36(3):August 1999, 287-297. Analyzes the direct and indirect effects of marital disruption on living arrangements, financial assistance, adult children's provision of informal care, and parental purchase of paid care. Shows that divorce has deleterious effects on economic transfers between generations, particularly for elderly fathers. (AHCPR 99-R079)

The Population of People Age 80 and Older: A Sentinel Group for Understanding the Future of Health Care in the United States.

J. Patterson, A. Bierman, M. Splaine, et al., *Journal of Ambulatory Care Management*, 21(3):July 1998, 10-16. Describes the survey methodology of 80+ Project, which was designed to help clinicians understand the special needs of those aged 80 and above, and to provide information on their health and functional status, resource use, and access to and satisfaction with health care. (AHCPR 98-R075)

Pressure Ulcer Prevalence in Ohio Nursing Homes: Clinical and Facility Correlates. W. Spector, R. Fortinsky, *Journal of Aging and Health*, 10(1):February 1998, 62-80. Examines risk factors for developing pressure ulcers in a representative sample of 15,121 nursing home residents in 1994. (AHCPR 98-R027)

Risk of Behavior Problems Among Nursing Home Residents in the United States. M. Jackson, W. Spector, P. Rabins, *Journal of Aging and Health*, 9(4):November 1997, 451-472. Uses the Institutional Population Component of the 1987 NMES to examine the characteristics of residents that place them at risk of having behavioral problems. (AHCPR 98-R011)

Risky Business: Long-Term Care Insurance Underwriting. C. Murtaugh, P. Kemper, B. Spillman, *Inquiry*, 32:Fall 1995, 271-284. Describes the extent to which medical underwriting may limit the potential of private insurance to cover nursing home care and whether the underwriting criteria identify high-cost groups. Uses data from the National Mortality Followback Survey. (AHCPR 96-R023)

The Roles of Medicaid and Economic Factors in the Demand for Nursing Home Care. J. Reschovsky, *HSR: Health Services Research*, 33(4):October 1998, 787-813. Explores the ways in which Medicaid eligibility affects nursing home demand (focusing on the role of economic variables) and how the level of disability and the availability of informal care interact with other factors. (AHCPR 99-R005)

Sample Design of the 1996 Medical Expenditure Panel Survey Nursing Home Component. J. Bethel, P. Broene, J. Sommers, *MEPS Methodology Report*, 4:21 pp. Documents the implementation of the sample design for the MEPS Nursing Home Component, including the sampling frame, facility selection, and within-facility sample selection through Round 1 of data collection. (AHCPR 98-0042)

Special Care Units in Nursing Homes—Selected Characteristics, 1996. M. Freiman, E. Brown, *MEPS Research Findings No. 6*, January 1999, 15 pp. Summarizes information on special care units in nursing homes, with emphasis on Alzheimer's units, based on the 1996 Nursing Home Component of the Medical Expenditure Panel Survey. (AHCPR 99-0017)

Toward the Development of a Research Agenda on Organizational Issues in the Delivery of Healthcare to Older Americans. M. Ory, J. Cooper, A. Siu, *Health Services Research*, 33(2):June 1998 Part II, 287-297. Provides an overview of articles presented at a Conference on Aging and Primary Care, co-sponsored by the AHCPR and the National Institute on Aging. Examines the organizational-level effects associated with new healthcare structures and the consequences for the health of older people. (AHCPR 98-R079)

Using Outcomes to Make Inferences About Nursing Home Quality. W. Spector, D. Mukamel, *Evaluation & the Health Professions*, 21(3):September 1998, 291-315. Discusses why it is difficult to

develop facility-level outcome measures that can be used to evaluate and compare the quality of care of nursing homes. Places the current interest in outcomes measures in its historical policy context and reviews important conceptual and methodological issues associated with outcome-based quality assessment. (AHCPR 98-R083)

Evidence-Based Medicine

Broadening the Evidence Base for Evidence-Based Guidelines. D. Atkins, C. DiGiuseppi, *American Journal of Preventive Medicine*, 14(4):1998, 335-344. Outlines major areas where research is needed to define the appropriate use for specific screening tests, counseling interventions, immunizations, and chemoprophylaxis. Asks what are the most reliable and effective ways to measure and improve the delivery and quality of preventive care provided in the primary care setting. (AHCPR 98-R086)

Colorectal Cancer Screening. Agency for Health Care Policy and Research, *Technical Review 1*, May 1998, 154 pp. Reviews scientific evidence on screening for colorectal cancer and adenomatous polyps in asymptomatic persons at average risk for colorectal cancer, subsequent diagnostic evaluation in those with positive screening tests, and surveillance of those with colorectal disease; reviews five screening tests; and highlights areas for future research to improve screening. (AHCPR 98-0033)

Diagnosis of Attention-Deficit/Hyperactivity

Disorder. Agency for Health Care Policy and Research, *Technical Review 3*, August 1999, 114 pp. Summarizes current scientific evidence from the literature on the prevalence of attention-deficit/hyperactivity disorder and on the value of various evaluation methods. (AHCPR 99-0050) **Summary.** August 1999 (AHCPR 99-0049)

Evidence-Based Medicine at the Agency for Health Care Policy and Research.

D. Atkins, D. Kamerow, J. Eisenberg, *ACP Journal Club*, March/April 1998, A-12-A-14. Defines the rationale for and roles of evidence-based medicine, and introduces the Agency's Evidence-based Practice Centers and their public-private partnerships. (AHCPR 98-R044)

Pharmacological Treatment of Alcohol Dependence—A Review of the Evidence.

J. Garbutt, S. West, T. Carey, et al., *JAMA*, 281(14):April 14, 1999, 1318-1325. Uses data from 41 studies and 11 followup studies on alcohol-dependent human subjects aged 18 years or older. Evaluates the efficacy of five categories of drugs (disulfiram, naltrexone and nalmefene, acamprosate, various serotonergic agents, and lithium for treating alcohol dependency). (AHCPR 99-R056)

Ten Lessons for Evidence-Based Technology Assessment.

J. Eisenberg, *JAMA*, 282(19):November 17, 1999, 1865-1869. Outlines the lessons learned after 10 years of technology assessment at the Agency for Health Care Policy and Research. Describes tech-

nology assessment as a critical need and a "part of the institutional fabric that weaves together evidence-based health care, outcomes research, cost-effectiveness analysis, ethical considerations, and studies of both patient preferences and practitioner behavior." (AHCPR 00-R008)

Evidence Reports/Technology Assessments

Diagnosis and Treatment of Acute Bacterial Rhinosinusitis.

Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment, No. 9*. Summarizes available scientific evidence on the diagnosis and treatment of uncomplicated, community-acquired, acute bacterial rhinosinusitis in children and adults.

Summary. March 1999 (AHCPR 99-E015)

Evidence Report. March 1999 (AHCPR 99-E016)

Diagnosis and Treatment of Swallowing Disorders (Dysphagia) in Acute-Care Stroke Patients.

Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment, No. 8*. Examines efficacy and clinical value of methods for diagnosing and treating swallowing disorders in older Americans and suggests directions for future research.

Summary. March 1999 (AHCPR 99-E023)

Evidence Report. July 1999 (AHCPR 99-E024)

An Evaluation of Beta-Blockers, Calcium Antagonists, Nitrates, and Alternative Therapies for Stable Angina.

Agency for

Health Care Policy and Research, *Evidence Report/Technology Assessment, No. 10*. Discusses the relative efficacy and safety of beta-blockers, calcium antagonists, and long-acting nitrates in patients who have stable angina and the efficacy of alternative therapies in patients who have stable angina.

Summary. November 1999 (AHCPR 00-E002)

Evidence Report. In press. (AHRQ 00-E003)

Evaluation of Cervical

Cytology. Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment, No. 5*. Reviews published studies on cervical cytological screening, an examination of data sets to estimate costs associated with the screening, a review of its effectiveness and cost-effectiveness, and a comprehensive cost-effectiveness model for examining the impact of newer screening technologies.

Summary. January 1999 (AHCPR 99-E009)

Evidence Report. March 1999 (AHCPR 99-E010)

Pharmacotherapy for

Alcohol Dependence. Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment, No. 3*. Reports on the efficacy of five pharmaceutical agents (disulfiram, naltrexone, acamprosate, serotonergic agents, and lithium) used to treat core symptoms of alcohol dependence.

Summary. January 1999 (AHCPR 99-E003)

Evidence Report. January 1999 (AHCPR 99-E004)

Prevention and Management of Urinary Tract Infections in Paralyzed Persons.

Agency for

for Health Care Policy and Research, *Evidence Report/Technology Assessment*, No. 6. Discusses the methodology and findings from a report on the risk of urinary tract infection (UTI) to persons with paralysis due to neurogenic bladder; risk factors for recurrent UTI; and risks and benefits of long-term use of antibiotic prophylaxis.
Summary. January 1999 (AHCPR 99-E007)
Evidence Report. February 1999 (AHCPR 99-E008)

Rehabilitation for Traumatic Brain Injury. Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment*, No. 2. Discusses information from a report on the effectiveness of early rehabilitation in the acute care setting, intensity of rehabilitation, cognitive rehabilitation, supported employment, and care coordination.
Summary. December 1998 (AHCPR 99-E005)
Evidence Report. February 1999 (AHCPR 99-E006)

Rehabilitation for Traumatic Brain Injury in Children and Adolescents. Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment*, No. 2, *Supplement*. Summarizes a review of the literature about rehabilitation for child and adolescent traumatic brain injury oriented around key research questions. Includes a matrix organizing research according to the developmental dimensions and age categories addressed by these studies.
Summary. September 1999 (AHCPR 99-E025)
Evidence Report. September 1999 (AHCPR 00-E001)

Relative Effectiveness and Cost-Effectiveness of Methods of Androgen Suppression in the Treatment of Advanced Prostatic Cancer. Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment*, No. 4. Discusses the methodology and findings of a report on the relative effectiveness of orchiectomy, luteinizing hormone-releasing hormone, and antiandrogens; the effectiveness of combined androgen blockade; and the effectiveness of immediate compared to deferred androgen suppression.
Summary. January 1999 (AHCPR 99-E011)
Evidence Report. May 1999 (AHCPR 99-E012)

Systematic Review of the Literature Regarding the Diagnosis of Sleep Apnea. Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment*, No. 1. Synthesizes the evidence on diagnostic testing and screening for sleep apnea in adult patients to be used as a resource for decisionmakers and developers of guidelines and recommendations.
Summary. December 1998 (AHCPR 99-E001)
Evidence Report. February 1999 (AHCPR 99-E002)

Treatment of Attention-Deficit/Hyperactivity Disorder. Agency for Healthcare Research and Quality, *Evidence Report/Technology Assessment*, No. 11. Summarizes the long- and short-term effectiveness and safety of pharmacological and nonpharmacological interventions for attention-deficit/hyperactivity disorder in children and adults and whether combined interventions are more effective

than individual interventions.
Summary. November 1999 (AHCPR 99-E017)
Evidence Report. November 1999 (AHRQ 00-E005)

Treatment of Depression—Newer Pharmacotherapies. Agency for Health Care Policy and Research, *Evidence Report/Technology Assessment*, No. 7. Provides a comprehensive evaluation of the benefits and adverse effects of newer pharmacotherapies and herbal remedies. Compares older antidepressants and psychosocial therapies to newer antidepressants.
Summary. March 1999 (AHCPR 99-E013)
Evidence Report. February 1999 (AHCPR 99-E014)

Funding Information/ Opportunities

Funding Opportunities.
AHRQ Fact Sheet. Agency for Healthcare Research and Quality, revised February 2000, (updated periodically), 3 pp. Describes AHCPR's research agenda and the financial assistance mechanisms and policies used for funding research projects. Focuses on opportunities for investigator-initiated research grants, includes information on contracts, and contains a list of current program announcements and requests for applications (AHRQ 00-P031)

Research Funding Opportunities at the Agency for Health Care Policy and Research. C. Jones, L. Tulman, C. Clancy, *Nursing Outlook*, 47(4):July/August 1999, 156-61. Highlights

research funding opportunities available through the Agency, the application process, and the history of grant funding between fiscal years 1994 and 1997. Stresses that contributions from nurse researchers are critical to the future of health services research. (AHCPR 99-R080)

To obtain a listing of active grant announcements, you can request AHRQ's *Funding Opportunities* fact sheet (AHRQ 00-P031); dial into AHRQ's Instant Fax at 301-594-2800 (see page 55 for instructions); contact the AHRQ Clearinghouse at 800-358-9295; or visit the AHRQ Web site at www.ahrq.gov.

To receive an application kit, contact the AHRQ Clearinghouse at 800-358-9295.

Health Care Cost and Utilization

Are We Ready to Use Cost-Effectiveness Analysis in Health Care Decision-Making? E. Power, J. Eisenberg, *Medical Care*, 36(5):1998, MS10-MS17. Outlines the issues involved in integrating cost-effectiveness analysis (CEA) in public, health system, and clinical policymaking; the timing of CEA; relating the CEA method to its purpose; and improving the CEA infrastructure. (AHCPR 98-R068)

The Case of Disability in the Family: Impact on Health Care Utilization and Expenditures for Nondisabled Members. B. Altman, P. Cooper, P. Cunningham, *The Milbank Quarterly*, 77(1):1999,

39-75. Examines the impact of disabled members on the families' situation by describing their health care utilization and expenditure patterns, as well as the health care use and expenditures of families that do not have members with disabilities. Considers how the presence of a family member with a disability affects the health care use and expenditures of family members without disabilities. (AHCPR 99-R055)

Clinical Classifications for Health Policy Research: Hospital Inpatient Statistics, 1995. A. Elixhauser, C. Steiner, C. Whittington, et al. *HCUP-3 Research Note*, August 1998, 177 pp. Provides descriptive statistics for U.S. hospital inpatient stays in 1995 using the Healthcare Cost and Utilization Project Nationwide Inpatient Sample. Diagnoses and procedures are categorized using the Clinical Classifications for Health Policy Research (CCHPR) categorization scheme. (AHCPR 98-0049)

Clinical Classifications for Health Policy Research, Version 2: Hospital Inpatient Statistics. A. Elixhauser, E. McCarthy, *HCUP-3 Research Note 1*, February 1996, 180 pp. Describes a diagnosis and procedure categorization scheme and provides descriptive statistics for hospital inpatient stays during 1992. (AHCPR 96-0017)

Compliance with Post-Hospitalization Follow-Up Visits: Rationing by Inconvenience. C. Kiefe, G. Heudebert, B. Box, et al., *Ethnicity and Disease*, 9:Autumn 1999, 388-395. Investigates how health care system and patient charac-

teristics influence appointment-keeping after discharge from an acute care hospitalization. (AHRQ 00-R015)

Descriptive Statistics by Insurance Status for Most Frequent Hospital Diagnoses and Procedures. A. Elixhauser, M. Johantgen, R. Andrews, *HCUP-3 Research Note 5*, September 1997, 120 pp. Presents data on the top 50 diagnoses and top 50 procedures in U.S. hospitals. Illustrates differences by insurance status for a range of conditions identified in a nationwide sample of inpatients. (AHCPR 97-0009)

Differences Across Payors in Charges for Agency-Based Home Health Services: Evidence from the National Home and Hospice Care Survey. V. Freedman, J. Reschovsky, *HSR: Health Services Research*, 32(4): October 1997, 433-452. Investigates whether agencies charge payors different amounts for similar services, and if Medicare and privately insured patients are likely to pay more than others. (AHCPR 98-R021)

Does Skepticism Towards Medical Care Predict Mortality? K. Fiscella, P. Franks, C. Clancy, et al., *Medical Care*, 37(4): 1999, 409-414. Examines whether skepticism toward medical care may be a risk factor for early death. Bases results on data from the 1987 National Medical Expenditure Survey. (AHCPR 99-R059)

Evidence-Based Medicine Meets Cost-effectiveness Analysis. C. Clancy, D. Kamerow, *JAMA* 276(4):July 24/31, 1996, 329-330. Addresses issues of esca-

lating medical costs, variations in medical practice, and the impact on practicing physicians. (AHCPR 96-R125)

Expenditures by Health Condition, 1987. R. Weinick, N. Krauss, Agency for Health Care Policy and Research, September 1997, 17 pp. Using 1987 NMES data, tables show expenditure estimates by health condition and standard errors for these estimates. A technical appendix provides information on NMES, important cautions for using these estimates, and information on the coding scheme used to classify the health conditions included in this report. (AHCPR 97-R094)

Exploring the Relationship Between Inpatient Facility and Physician Services. M. Miller, P. Welch, H. Wong, *Medical Care*, 35(2):1997, 114-127. Explores directly the relationship between facility and physician services. Describes the construction of the database used, and presents the basic covariation analyses and multivariate analyses. (AHCPR 97-R045)

HCUPnet—Interactive Tool for Identifying, Tracking, Analyzing, and Comparing Statistics on Hospital Care. Agency for Healthcare Research and Quality, February 2000, 2 pp. Describes HCUPnet, an interactive service, available free of charge on AHRQ's Web site, that guides users in tailoring specific online queries about hospital care, utilization, and charges. (AHRQ 00-0051)

Health Care Expenditures and GDP: Panel Data Unit Root Test Results. S. McCoskey, T. Selden, *Journal of Health Economics*, 17:1998,

369-376. Presents unit root test results for time series on per capita national health care expenditures and gross domestic product in the Organization for Economic Cooperation and Development. (AHCPR 98-R078)

Health Care Use in America—1996. *MEPS Highlights*, 9:May 1999, 4 pp. Examines variations in the use of health care services among selected subgroups of the 1996 U.S. civilian noninstitutionalized population. Illustrates the proportion of people receiving ambulatory medical care, dental care, inpatient hospital care, home health services, and prescription medicines. (AHCPR 99-0029)

Healthcare Expenditures for Sinusitis in 1996: Contributions of Asthma, Rhinitis, and Other Airway Disorders. N. Ray, J. Baraniuk, M. Thamer, et al., *Journal of Allergy and Clinical Immunology*, 103(3):March 1999, 408-414. Documents the direct expenditures of medical and surgical encounters when sinusitis is the primary diagnosis or a comorbid disorder along with related airway disorders. Demonstrates the substantial economic impact of sinusitis and other diseases leading to or resulting from acute and chronic sinusitis. (AHCPR 99-R068)

Hospital Inpatient Statistics, 1996. A. Elixhauser, C. Steiner, *HCUP Research Note*, July 1999, 69 pp. Provides descriptive statistics for U.S. hospital inpatient stays in 1996 using the Healthcare Cost and Utilization Project Nationwide Inpatient Sample. Diagnoses and procedures are categorized

using the Clinical Classifications Software (CCS). (AHCPR 99-0034)

Hospital-Insurer Bargaining: An Empirical Investigation of Appendectomy Pricing. J. Brooks, A. Dor, H. Wong, *Journal of Health Economics*, 16:1997, 417-434. Shows that certain hospital institutional arrangements, health maintenance organization penetration, and greater hospital concentration improve hospitals' bargaining position. (AHCPR 97-R089)

Incidence, Acute Care Length of Stay, and Discharge to Rehabilitation of Traumatic Amputee Patients: An Epidemiologic Study. T. Dillingham, L. Pezzin, E. MacKenzie, *Archives of Physical Medicine and Rehabilitation*, 79:March 1998, 279-287. Uses population-based hospital discharge data to examine the patterns of limb amputations over a period of 15 years and the following factors: age, gender, level and type of amputation, length of hospital stay, and disposition to inpatient rehabilitation. (AHCPR 98-R062)

The Medical Expenditure Panel Survey: A National Health Information Resource. J. Cohen, A. Monheit, K. Beauregard, et al., *Inquiry*, 33:Winter 1996/97, 373-389. Updates the 1987 National Medical Expenditure Survey data with extensive information on the types of health care services Americans use, how frequently they use them, how much is paid for the services, and who pays for them. (AHCPR 97-R043)

Medical Savings Accounts: Microsimulation Results from a Model with Adverse Selection. D. Zabinski, T. Selden, J. Moeller, et al., *Journal of Health Economics*, 18:1999, 195-218. Examines medical savings accounts (MSAs) combined with high-deductible catastrophic health plans (CHPs). Explores the possible consequences of making tax preferred MSAs/CHPs available in the employment-related health insurance market. (AHCPR 99-R047)

Meeting Medicaid's Cost and Quality Challenges: The Role of AHCPR Research. *AHCPR Program Note*, May 1997, 11 pp. Describes AHCPR's role in providing research and technical assistance to the Medicaid program in six areas: care for elderly and disabled populations, maternal and child health, HIV and AIDS, drug policy, informing consumers, and system financing and management. (AHCPR 97-0044)

Most Common Diagnoses and Procedures in U.S. Community Hospitals, 1996. A. Elixhauser, C. Steiner, *HCUP Research Note*, September 1999, 106 pp. Lists the five principal diagnoses most commonly recorded on the hospital discharge abstract for each of the 100 most frequently performed principal procedures. Also lists the five principal procedures most commonly performed for each of the 100 most frequent principal diagnoses treated in hospitals. (AHCPR 99-0046)

Most Frequent Diagnoses and Procedures for DRGs, by Insurance Status. A. Elixhauser, S. Duffy,

J. Sommers, *HCUP-3 Research Note 4*, December 1996, 132 pp. Describes the 50 most frequent diagnosis-related groups, the 5 principal diagnoses most commonly recorded for each group, and the 5 principal procedures most commonly performed. (AHCPR 97-0006)

Nationwide Inpatient Sample (NIS)—Powerful Database for Analyzing Hospital Care. Agency for Healthcare Research and Quality, February 2000, 2 pp. Describes the NIS, the largest all-payer inpatient care database in the United States, with data now available in CD-ROM format for the years 1988-97. Potential uses of NIS to help researchers and policymakers identify, track, and analyze trends in health care utilization, charges, and outcomes are summarized. (AHRQ 00-0019)

Outcome, Utilization, and Access Measures for Quality Improvement. HCUP Quality Indicators, Version 1.1. Agency for Health Care Policy and Research, July 1998. Comprehensive kit contains a methods manual, software user's guide, fact sheet, and journal article on this tool for decisionmaking and research that can be used to inform hospitals' self-assessments of inpatient quality of care and State and community assessments of access to primary care. (AHCPR 98-0048).

Publications from the National Medical Expenditure Surveys, 1977-95. Agency for Health Care Policy and Research, November 1997, 134 pp. Documents all NMES publications from 1977 to 1995. (AHCPR 98-R007)

Quality Indicators Using Hospital Discharge Data: State and National Applications. M. Johantgen, A. Elixhauser, J. Ball, et al., *Journal on Quality Improvement*, 24(2):February 1998, 88-105. Describes the development of the Healthcare Cost and Utilization Project's Quality Indicators (QI), their adoption by various users, refinements to the QI methods, and lessons of the project. (AHCPR 98-R041)

Skepticism Toward Medical Care and Health Care Utilization. K. Fiscella, P. Franks, C. Clancy, *Medical Care*, 36(2):1998, 180-189. Uses data from the National Medical Expenditure Survey (Household Survey component) to assess the impact of people's doubts about the ability of conventional medical care to appreciably alter their health status. (AHCPR 98-R031)

A Synoptic Evaluation of Asthma Hospital Admissions in New York City. P. Jamason, L. Kalkstein, P. Gergen, *American Journal of Respiratory and Critical Care Medicine*, 156:1997, 1781-1788. Uses the temporal synoptic index to relate "air masses" to overnight asthma hospital admissions and evaluates the impact of meteorological elements on the asthmatic. (AHCPR 98-R050)

Use of Health Care Services, 1996. N. Krauss, S. Machlin, B. Kass. *Research Findings No. 7*, March 1999, 31 pp. Presents estimates of health care use for the civilian noninstitutionalized population of the United States during 1996. Describes the proportion of people receiving ambulatory

medical care in office-based and hospital-based settings, dental care, inpatient hospital care, home health services, and prescription medicines. (AHCPR 99-0018)

Health Care Markets/Managed Care

Antitrust Enforcement in the Healthcare Industry: The Expanding Scope of State Activity. F. Hellinger, *HSR: Health Services Research*, 33(5):December 1998, 1477-1494. Describes the evolution of State antitrust activities and explores salient research and policy questions. Examines State laws on mergers among healthcare providers, as well as consent decrees issued by State attorneys general permitting healthcare providers to merge. (AHCPR 99-R030)

Assessing Roles, Responsibilities, and Activities in a Managed Care Environment. A Workbook for Local Health Officials. Agency for Health Care Policy and Research, July 1996, 195 pp., plus appendices. Helps officials examine changes in the health care marketplace and chart a course for their health departments that best meets local needs. (AHCPR 96-0057)

Building Bridges IV: Managed Care Research Comes of Age. I. Fraser, H. Wong, J. Arent, et al., *Medical Care Research and Review*, 56 (Supplement 2):1999, 5-12. Highlights changes within managed care research and the operation of managed care organizations. Addresses the diversity within managed care, increased interest in building

bridges, shift in research focus, role of consumers and purchasers in improving quality, and future needs between managed care and researchers. (AHCPR 99-R063)

Carve Outs and Related Models of Contracting for Specialty Care: Framework and Highlights of a Workshop. B. Friedman, K. Devers, F. Hellinger, et al., *The American Journal of Managed Care*, 4:1998, Special issue, SP11-21. Discusses articles drawn from an AHCPR-sponsored workshop focusing on one set of strategies: the use of carve outs and related models of contracting for specialty care. (AHCPR 98-R080)

A Case Study of Point-of-Service Medical Use in a Managed Care Plan. H. Wong, L. Smithen, *Medical Care Research and Review*, 56 Supplement 2:1998, 85-110. Examines the extent of point-of-service use in a managed care plan using 1990 and 1991 proprietary claims data from a large, well-established individual practice association with a point-of-service option. Finds that approximately 12 percent of all claims are made by out-of-network providers, and that there is little difference between point-of-service use by men and women. (AHCPR 99-R061)

Does Managed Care Affect the Supply and Use of ICU Services? B. Friedman, C. Steiner, *Inquiry*, 36:Spring 1999, 68-77. Analyzes the use of hospital intensive care units (ICUs). Discusses the behavior of physicians in allocating ICU care; the hospitals' decisions in supplying a fixed capacity for

ICU care; and the allocation of ICU care to patients who are under age 65 and are not covered by Medicaid. (AHCPR 99-R071)

The Effect of Managed Care on Quality. F. Hellinger, *Archives of Internal Medicine*, 158:April 27, 1998, 833-841. Reviews evidence about the effect of managed care on three dimensions of quality: effectiveness of care, satisfaction with care, and access to care. Acknowledges the patient's perspective in quality evaluations and the need for more research. (AHCPR 98-R056)

Excess Capacity, a Commentary on Markets, Regulation, and Values. B. Friedman, *HSR: Health Services Research*, 33(6):February 1999, 1669-1682. Assesses views on the issues of excess bed capacity and costs in hospitals. Reviews the progress of research on issues such as hospital costs, capacity efficiency, and the political economy of regulation. (AHCPR 99-R046)

The Expanding Scope of State Legislation. F. Hellinger, *JAMA*, 276(13):October 2, 1996, 1065-1070. Traces the growth of three types of State laws that regulate managed care plans: laws that limit the ability of plans to direct patients to specific providers, laws that prohibit exclusivity clauses, and laws that mandate minimum lengths of stay for deliveries. (AHCPR 97-R025)

Health Services Research in a Market-Oriented Health Care System. J. Eisenberg, *Health Affairs*, 17(1):January/February 1998, 98-

108. Outlines the contributions of health services research to health care, and addresses the relationships of research to public, health care system, and clinical policies. (AHCPR 98-R014)

How Well Does a Single Question about Health Predict the Financial Health of Medicare Managed Care Plans? A. Bierman, T. Buboltz, E. Fisher, et al., *Effective Clinical Practice*, 2(2):March/April 1999, 56-62. Uses a nationally representative sample of 8,775 Medicare beneficiaries to demonstrate that responses to a single question about general health status predict subsequent health care utilization and expenditures. (AHCPR 99-R060)

The Impact of Financial Incentives on Physician Behavior in Managed Care Plans: A Review of the Evidence. F. Hellinger, *Medical Care Research and Review*, 53(3):September 1996, 294-314. Shows that financial incentives are a key element in explaining the lower utilization rates of enrollees in managed care plans. (AHCPR 97-R028)

Managed Care, Technology Assessment and Coverage of Medical Technology. C. Steiner, A. Elixhauser, *Today's Internist*, January/February 1998, 22-27. Summarizes results from three surveys in which pharmaceutical directors, medical directors, and other decisionmakers in managed care organizations responded to questions about the coverage of medical technology. (AHCPR 98-R038)

Promoting Choice: Lessons from Managed Medicaid. I. Fraser, E. Chait, C. Brach, *Health Affairs*, 17(5):September/October 1998, 165-173. Focuses on how seven States with mandatory Medicaid managed care programs address the issue of plan selection, what strategies they adopt to inform and facilitate choice, and what methods they use to assign persons who do not make a choice in the time allotted. (AHCPR 98-R088)

Quality Management by State Medicaid Agencies Converting to Managed Care. B. Landon, C. Tobias, A. Epstein, *Journal of the American Medical Association*, 279(3):January 21, 1998, 211-216. Discusses a survey designed to assess existing quality management as well as perceived needs for technical assistance to improve quality assurance efforts. (AHCPR 98-R034)

Regulating the Financial Incentives Facing Physicians in Managed Care Plans. F. Hellinger, *The American Journal of Managed Care*, 4(5):May 1998, 663-674. Investigates State regulatory activities that require health plans to provide enrollees and payers with information about the financial arrangements between physicians and health plans, and activities that regulate how health plans compensate physicians. (AHCPR 98-R064)

Research on Health Care Organizations and Markets—The Best and Worst of Times. I. Fraser, *HSR: Health Services Research*, 32(5):December

1997, 669-678. Contains reflections from four short papers commissioned by AHCPR in January 1997 to identify central managed care research questions in the areas of health care markets, access, chronic illness, and long-term care. (AHCPR 98-R019)

Theory and Reality of Value-Based Purchasing: Lessons From the Pioneers. J. Meyer, L. Rybowski, R. Eichler, *AHCPR Research Report*, November 1997, 55 pp. Describes some of the most promising examples of private business initiatives that build quality considerations into health care purchasing decisions. Profiles nine companies and coalitions, and summarizes their activities. (AHCPR 98-0004)

Utilization of Specialty and Primary Care: The Impact of HMO Insurance and Patient-Related Factors. C. Clancy, P. Franks, *The Journal of Family Practice*, 45(6):December 1997, 500-508. Using data from the National Ambulatory Care Survey, examines the associations of patient and physician demographics and health maintenance organization insurance status with the utilization of primary compared with specialty care. (AHCPR 98-R016)

Health Insurance/ Access to Care

Access to Health Care. I. Fraser, in *Health Politics and Policy*, 3rd edition, edited by T. Litman and L. Robins;

Albany, NY: Delmar Publishers, 1997, 228-305. Examines threats to health care access; dynamics of coverage; and three important trends affecting access to health care in America—the downsizing and decentralization of public programs and restructuring of the private health care market, the increased enrollment in managed care organizations, and the greater power of purchasers. (AHCPR 98-R003)

Access to Health Care in America—1996: Estimates for the U.S. Civilian Noninstitutionalized Population. *MEPS Highlights*, 3:October 1997, 4 pp. Using data from the MEPS Household component, illustrates estimates on the U.S. civilian noninstitutionalized population regarding health insurance and usual source of care, race, and barriers to needed health care. (AHCPR 98-0002)

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Changes in Access to Care, 1977-1996: The Role of Health Insurance. S. Zuvekas, R. Weinick, *HSR: Health Services Research*, 34(1):April 1999, 271-279. Describes changes in Americans' access to care over the

last 20 years; focuses on the uninsured, Hispanic American, and young adult populations; and analyzes the factors underlying the changes with a particular focus on the role of health insurance. (AHCPR 99-R054)

Changes in the Medicaid Community Population: 1987-96. J. Banthin, J. Cohen, *MEPS Research Findings No. 9*, August 1999, 26 pp. Uses data from the Medical Expenditure Panel Survey and the National Medical Expenditure Survey to compare the composition of the noninstitutionalized Medicaid population in 1996 and 1987. (AHCPR 99-0042)

The Demand for Medicare Supplemental Insurance Benefits: The Role of Attitudes Toward Medical Care and Risk. J. Vistnes, J. Banthin, *Inquiry*, 34:Winter 1997/98, 331-324. Uses data from the 1987 NMES to analyze the role that attitudes toward medical care and risk play in Medicare beneficiaries' demand for supplemental insurance. (AHCPR 98-R030)

The Effect of Universal Coverage on Health Expenditures for the Uninsured. P. Short, B. Hahn, K. Beauregard, et al., *Medical Care*, 35(2):1997, 95-113. Uses NMES data to provide estimates of the change in spending on health services for the uninsured that would result from universal coverage. (AHCPR 97-R044)

Health Insurance Availability at the Workplace—How Important are Worker Preferences? A. Monheit, J. Vistnes, *The Journal of Human Resources*, 34(4)1999, 770-785. Considers the relationship

between employee preferences for health insurance and its availability at the workplace. Uses application of a simple model of job choice to data from the 1987 NMES to examine whether workers with weak preferences for health insurance sort themselves into jobs without coverage. (AHRQ 00-R013)

Health Insurance Choices in Two-Worker Households: Determinants of Double Coverage. A. Monheit, B. Schone, A. Taylor, *Inquiry*, 36:Spring 1999, 12-29. Uses data from the 1987 National Medical Expenditure survey to show how a household's out-of-pocket premium costs for employment-related coverage, economic constraints, and health status are associated with household health insurance decisions. Characterizes the insurance of households with double coverage as "more generous" with higher coverage rates for specific types of benefits. (AHCPR 99-R072)

Health Insurance Coverage in America—1996: Estimates for the U.S. Civilian Population. *MEPS Highlights*, 4:May 1998, 4 pp. Defines private and public insurance, and describes the distribution of health insurance according to the demographic characteristics of age, race/ethnicity, and health status. (AHCPR 98-0031)

Health Insurance, Health Reform, and Outpatient Mental Health Treatment: Who Benefits? S. Zuvekas, *Inquiry*, 36:Summer 1999, 127-146. Uses simulations that quantify changes in the use of outpatient mental health treatment (among adults aged 18 to 64) and then evaluates the

impact of expanding health insurance coverage to the previously uninsured. (AHCPR 99-R078)

Health Insurance Status of the Civilian Noninstitutionalized Population: 1996.

J. Vistnes, A. Monheit, *MEPS Research Findings No. 1*, August 1997, 24 pp. Provides preliminary estimates of the health insurance status of the civilian noninstitutionalized U.S. population during the first half of 1996. Includes the size and characteristics of the population with private health insurance, with public insurance, and without any health care coverage. (AHCPR 97-0030)

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Vistnes, S. Zuvekas, *MEPS Research Findings No. 8*, July 1999, 25 pp. Provides estimates of the health insurance status of the civilian noninstitutionalized U.S. population during the first half of 1997, including the size and characteristics of the population with private health insurance, with public insurance, and without any health care coverage. (AHCPR 99-0030)

Health Insurance Status of Workers and Their Families: 1996.

A. Monheit, J. Vistnes, *MEPS Research Findings No. 2*, September 1997, 22 pp. Uses data from the first round of the 1996 MEPS to describe the health insurance status of working Americans and their families. (AHCPR 97-0065)

Job-Based Health Insurance—1987 and 1996: Estimates for the U.S. Civilian Noninstitutionalized Population.

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4 pp. Shows selected information from two national medical expenditure surveys revealing that an increasing number of workers are turning down job-based health insurance coverage. (AHCPR 98-0032)

More Offers, Fewer Takers for Employment-Based Health Insurance: 1987 and 1996.

P. Cooper, B. Schone, *Health Affairs*, 16(6): November/December 1997, 142-149. Investigates how employment-related insurance availability has changed over time and compares workers' acceptance of coverage in 1987 and 1996. (AHCPR 98-R008)

Patient Choice of Physician: Do Health Insurance and Physician Characteristics Matter?

P. Cooper, L. Nichols, A. Taylor, *Inquiry*, 33:Fall 1996, 237-246. Uses 1987 NMES data to test the hypothesis that better insured patients will demand higher "quality" by choosing more often to visit specialists rather than generalist physicians. (AHCPR 97-R027)

Premium Subsidies for Health Insurance: Excessive Coverage vs. Adverse Selection.

T. Selden, *Journal of Health Economics*, 18:1999, 709-725. Uses the model of Rothschild and Stiglitz (R-S) to show that a simple linear premium subsidy can correct market failure due to adverse selection. (AHRQ 00-R012)

State Differences in Job-Related Health Insurance, 1996.

C. Peterson, J. Vistnes, *MEPS Chartbook No. 4*, March 2000, 35 pp. Presents estimates of workers' access to job-related health insurance, the cost of that insurance, and the choice of plans available to

workers in 1996. Maps of the United States show the national average and how 40 of the States compare to the national average. (AHRQ 00-0017)

Technology Coverage Decisions by Health Care Plans and Considerations by Medical Directors.

C. Steiner, N. Powe, G. Anderson, et al., *Medical Care*, 35(5):1997, 472-489. Demonstrates that there is substantial variation in the coverage of new technologies. Indicates that a large proportion of the population covered by health maintenance organization plans may be ineligible for treatments routinely available to those covered by indemnity plans. (AHCPR 97-R068)

The Uninsured in America—1996: Health Insurance Status of the U.S. Civilian Noninstitutionalized Population.

K. Beauregard, S. Drileau, J. Vistnes, *MEPS Highlights*, 1:May 1997, 4 pp. Illustrates the preliminary data on insurance status (collected in early 1996) from the Household Component of the Medical Expenditure Panel Survey. (AHCPR 97-0025)

The Uninsured in America—1997. MEPS Highlights,

10:August 1999, 4 pp. Profiles the uninsured population under 65 years of age in terms of age, race/ethnicity, sex, and marital status. (AHCPR 99-0031)

Uninsured Workers—Demographic Characteristics, 1996.

MEPS Highlights, 7:December 1998, 4 pp. Summarizes data concerning the demographic characteristics of the working uninsured population in the United States during the first half of 1996, as

derived from the MEPS Household Component, Round 1. (AHCPR 99-0007)

Uninsured Workers—Job Characteristics, 1996. *MEPS Highlights*, 8:December 1998, 4 pp. Summarized data concerning job characteristics of the working uninsured population in the United States during the first half of 1996, as derived from the MEPS Household Component, Round 1. (AHCPR 99-0008)

Use of Care and Subsequent Mortality: The Importance of Gender. P. Franks, M. Gold, C. Clancy, *HSR: Health Services Research* 31(3): August 1996, 347-363. Examines the relationship between three self-reported utilization and access to care measures (availability of a usual source of care, care not received for medical problems, and receipt of a general checkup) and the risk of subsequent mortality. (AHCPR 97-R006)

Usual Sources of Health Care and Barriers to Care, 1996. R. Weinick, S. Drilea, *Statistical Bulletin*: January/March 1996, 11-17. Provides a brief overview of two major indicators of access to health care in America in 1996: usual sources of health care and barriers families encounter in accessing needed care based upon measures from the 1996 Medical Expenditure Panel Survey. (AHCPR 98-R024)

Health Services Research

Needs and Challenges for Health Services Research at Academic Health Centers. D.

Kindig, N. Dunham, J. Eisenberg, *Academic Medicine*, 74(11):November 1999, 1193-1201. Uncovers strategies used by academic institutions to maintain an infrastructure that promotes health services research. Examines four needs and challenges: organizing core institutional resources, supporting career development of researchers, supporting and enhancing training in health services research, and establishing and supporting research partnerships. (AHCPR 00-R007)

Health Technology

Awareness of Providers' Use of New Medical Technology Among Private Health Care Plans in the United States. N. Powe, C. Steiner, G. Anderson, et al., *International Journal of Technology Assessment in Health Care*, 12(2):1996, 367-376. Reveals findings from a national survey of medical directors. Measures awareness of the use of new technologies, and relates results to the characteristics of health plans. (AHCPR 96-R118)

Bone Densitometry. M. Erlichman, T. Holohan, in *Nuclear Medicine: Diagnosis and Therapy*, edited by J. Harbert, W. Eckelman, and R. Neumann; New York: Thieme Medical Publishers, Inc., 1966, pp. 865-880. Describes the measurement of bone mass density, and discusses techniques that may be clinically useful in the medical management of patients with bone loss. (AHCPR 96-R105)

Cost-Effectiveness Modeling of Simultaneous Pancreas-Kidney Transplantation. T. Holohan, *International Journal of Technology Assessment in Health Care* 12(3):1996, 416-424. Compares simultaneous pancreas-kidney transplantation to kidney transplantation with continued insulin therapy among type-1 diabetics with end-stage renal disease. (AHCPR 97-R014)

Haematopoietic Stem-Cell Transplantation in Multiple Myeloma. H. Handelsman, *Cancer Treatment Reviews*, 22:1996, 119-125. Provides background information on multiple myeloma, current therapies, and reported results. Concludes further clinical study is needed to determine the role of haematopoietic stem-cell transplantation. (AHCPR 96-R132)

Relationship Between Muscle Abnormalities and Symptom Duration in Lumbosacral Radiculopathies. T. Dillingham, L. Pezzin, T. Lauder, *American Journal of Physical Medicine and Rehabilitation*, 77(2):March/April 1998, 103-107. Uses electrodiagnostically confirmed lumbosacral radiculopathies to statistically evaluate the relationship between symptom duration and spontaneous activity in paraspinal muscles and other proximal and distal lower limb muscles. (AHCPR 98-R063)

The Review Process Used by U.S. Health Care Plans to Evaluate New Medical Technology for Coverage. C. Steiner, N. Powe, G. Anderson, et al., *Journal of General Internal Medicine*,

11:1996, 294-302. Examines the process and information used by medical directors of private health plans to make medical coverage determinations for new medical technologies. Assesses the influence of plan characteristics on the process. (AHCPR 96-R120)

Health Technology Assessments

The following reports, prepared by AHRQ's health technology assessment program, present detailed analyses of the risks, clinical effectiveness, and uses of medical technologies. Most have been prepared to form the basis for a coverage decision by a federally financed health care program, such as Medicare and CHAMPUS (Civilian Health and Medical Program of the Uniformed Services).

Bone Densitometry: Patients with Asymptomatic Primary Hyperparathyroidism.

M. Erlichman, T. Holohan, *AHCPR Health Technology Assessment, Number 6*, December 1995, 30 pp. Addresses technical considerations regarding bone densitometers such as radiation dose, site selection, accuracy and precision, and cost and charges. Evaluates the clinical utility of bone densitometry in managing patients with mild primary hyperparathyroidism. (AHCPR 96-0004)

Bone Densitometry: Patients with End-Stage Renal Disease.

M. Erlichman, T. Holohan, *AHCPR Health Technology Assessment, Number 8*, March 1996, 27 pp. Addresses technical considerations of bone densitometers, including radiation dose, site selection, accuracy and preci-

sion, and cost and charges. Evaluates the clinical utility of bone densitometry in the management of patients with end-stage renal disease. (AHCPR 96-0040)

Cryosurgery for Recurrent Prostate Cancer Following Radiation Therapy.

M. Erlichman, H. Handelsman, S. Hotta, *AHCPR Health Technology Assessment, Number 13*, June 1999, 30 pp. Represents a detailed analysis of the risks, clinical effectiveness, and uses of cryosurgical ablation of recurrent prostate cancer. Examines cryosurgery as an alternative procedure to conventional salvage surgery for patients who have failed radiation therapy. (AHCPR 99-0004)

¹⁸F-Labeled 2-Deoxy-2-Fluoro-D-Glucose Positron-Emission Tomography Scans for the Localization of the Epileptogenic Foci.

S. Hotta, *AHCPR Health Technology Assessment, Number 12*, July 1998, 18 pp. Examines the use of FDG-PET scans in the management of epilepsy patients with complex partial seizures who may undergo curative epilepsy surgery. Also examines whether noninvasive PET scans might serve as a reliable substitute for invasive EEG recordings to help identify candidates for epilepsy surgery. (AHCPR 98-0044)

Institutional and Patient Criteria for Heart-Lung Transplantation.

I. Green, *AHCPR Health Technology Assessment Reports, Number 1*, May 1994, 19 pp. Examines issues concerning patient selection criteria and institutional selection criteria for heart-lung transplantation. (AHCPR 94-0042)

Lung-Volume Reduction Surgery for End-Stage Chronic Obstructive Pulmonary Disease.

T. Holohan, H. Handelsman, *AHCPR Health Technology Assessment, Number 10*, September 1996, 30 pp. Examines techniques to reduce lung volume by surgical resection or laser plication. Considers only selected patients with diffuse emphysema and end-stage chronic obstructive pulmonary disease who have failed conventional therapy. (AHCPR 96-0062)

Plethysmography: Safety, Effectiveness, and Clinical Utility in Diagnosing Vascular Disease.

A. Graham, *AHCPR Health Technology Assessment, Number 7*, February 1996, 46 pp. Describes a semiquantitative method of measuring segmental blood flow and velocity in the carotid and peripheral vascular systems. Assesses impedance, strain gauge, air, and photoelectric plethysmographic methods for the initial evaluation of acute and chronic venous insufficiency. (AHCPR 96-0003)

Signal-Averaged Electrocardiography.

A. Graham, H. Handelsman, *AHCPR Health Technology Assessment, Number 11*, May 1998, 15 pp. Assesses the safety, effectiveness, and clinical utility of signal-averaged electrocardiography, and evaluates its ability to predict sudden death or ventricular tachyarrhythmia in the presence of ventricular late potentials. (AHCPR 98-0020)

Simultaneous Pancreas-Kidney and Sequential Pancreas-After-Kidney Transplantation.

T. Holohan, *AHCPR Health Technology*

Assessment Reports, Number 4, August 1995, 53 pp. Evaluates the safety, efficacy, and cost-effectiveness of simultaneous pancreas-kidney and pancreas-after-kidney transplantation for patients with insulin-dependent diabetes and end-stage renal disease. (AHCPR 95-0065)

Health Technology Reviews

Technology reviews are brief evaluations of health technologies prepared by AHRQ's health technology assessment program. Like assessments, these reviews are usually prepared to assist Medicare or CHAMPUS coverage decisions. Reviews may be done in lieu of a full assessment when the scientific question does not warrant a full assessment, the literature and other scientific sources are insufficient to support an indepth assessment, or the need for a speedy resolution does not allow enough time for the formal assessment process.

Combined Liver-Kidney Transplantation.

M. Erlichman, T. Holohan, *AHCPR Health Technology Review*, 9:March 1995, 7 pp. Describes the rationale for combined liver-kidney transplantation as well as the history and outcome data on patients who received the procedure. (AHCPR 95-0012)

Hematopoietic Stem-Cell Transplantation in Multiple Myeloma.

H. Handelsman, *AHCPR Health Technology Review*, 12:July 1995, 11 pp. Discusses the feasibility of high-dose chemotherapy with hematopoietic stem-cell support in patients with multiple myeloma. (AHCPR 95-0072)

Isolated Pancreas Transplantation. S. Hotta, *AHCPR Health Technology Review*, 11:June 1995, 15 pp. Reviews the available information on the safety, effectiveness, and clinical appropriateness of isolated pancreas transplantation in nonuremic patients with insulin-dependent diabetes mellitus. (AHCPR 95-0068)

Living Related Liver Transplantation. S. Hotta, *AHCPR Health Technology Review*, 13:September 1996, 6 pp. Indicates that patient and graft survival rates of a limited number of living related liver transplants are comparable to outcomes of transplants performed with cadaveric livers. (AHCPR 96-0059)

Medical Effectiveness/ Outcomes Research

At Issue: Translating Research into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations. A. Lehman, D. Steinwachs, co-investigators of the PORT Project, *Schizophrenia Bulletin*, 24(1):1998, 1-10. Presents recommendations, based on scientific evidence, for the treatment of schizophrenia; provides support for each recommendation; and rates the recommendations according to their level of supporting evidence. (AHCPR 98-R036)

More on Assessing Outcomes of Emergency Care.

A. Ommaya, L. Simpson, E. Walker, *Annals of Emergency Medicine* 31(3):March 1998, 301-303. Expands on the

proceedings of the Future of Emergency Medicine Research Conference and addresses important components of an outcomes research agenda for emergency department care. (AHCPR 98-R042)

The Outcome of Outcomes Research at AHCPR.

S. Tunis, D. Stryer, March 1999, 64 pp. Helps Agency personnel plan for the future of the Outcomes and Effectiveness Research (OER) program by developing a framework for understanding and communicating the impact of OER on health care practice and outcomes; identifying specific examples of projects that illustrate the research impact; and deriving lessons and options from past efforts. (AHCPR 99-R044)

Outcomes and Effectiveness Research: The First Decade and Beyond.

Agency for Health Care Policy and Research, June 1999, 9 pp. Discusses important findings and opportunities for improvement based on the first decade of outcomes and effectiveness research at AHCPR. Covers a framework for assessing impact, accomplishments, lessons learned, and future directions. (AHCPR 99-075)

Outcomes and Quality-Related Research in a Changing Health Care Environment.

Agency for Health Care Policy and Research, April 1998, 18 pp. Describes the challenges, opportunities, imperatives for outcomes of health services research, and priorities for research. Addresses the seven most pressing health services issues that are in need of expanded investigation and analysis. (AHCPR 98-R054)

Outcomes of Pharmaceutical Therapy (OPT) Program Update, November 1997.

Agency for Health Care Policy and Research, November 1997, 28 pp. Describes AHCPR's active projects and lists publications and presentations of the Research Outcomes of Pharmaceutical Therapy Program. (AHCPR 98-R010)

Outcomes Research at the Agency for Health Care Policy and Research.

C. Clancy, J. Eisenberg, *Disease Management and Clinical Outcomes*, 1(3):May/June 1997, 72-80. Describes the convergence of multiple forces in contemporary medicine that led to a focus on the outcomes of clinical practice, discusses selected accomplishments from AHCPR-supported research, and explores future directions and challenges for the field of outcomes research. (AHCPR 98-R055)

Patient Outcomes Research Teams: Contribution to Outcomes and Effectiveness Research.

D. Freund, J. Lave, C. Clancy, et al., *Annual Review of Public Health*, 20: 1999, 337-359. Describes key findings and activities of Patient Outcomes Research Teams, including the following: their contributions to the understanding of how to perform meta-analysis on nontrial data, their use of administrative data to characterize patterns of care, their development of general and disease-specific outcome measures, the dissemination of outcome information to patients and physicians, and their influence on the development of outcomes measurement in the private sector. (AHCPR 99-R073)

Patterns of Usual Care for Schizophrenia: Initial Results from the Schizophrenia Patient Outcomes Research Team (PORT) Client Survey.

A. Lehman, D. Steinwachs, Survey co-investigators of the PORT Project, *Schizophrenia Bulletin*, 24(1):1998, 11-20. Provides initial estimates of the rates at which the usual treatment afforded schizophrenic patients conforms to PORT recommendations. Uses a stratified random sample of 719 persons in two States. (AHCPR 98-R037)

Publications of the Patient Outcomes Research Teams (PORTs): PORT and PORT II Projects, December 1996.

Agency for Health Care Policy and Research, February 1997, 50 pp. Lists all publications and briefly describes AHCPR's active projects by clinical subject area. (AHCPR 97-R039)

Selected 'Greatest Hits' of Outcomes Research at AHCPR.

Agency for Health Care Policy and Research, March 1999, 46 pp. Contains matrices of selected impacts of cardiovascular disease and 10 miscellaneous conditions. Summarizes 7 studies on cardiovascular disease and 10 studies on drug-related complications, otitis media, back pain, low birthweight, diabetes, community acquired pneumonia, the effects of limiting Medicaid drug payment, cataract, depression, and prostate disease. (AHCPR 99-R043)

Medical Informatics

The American Perspective for the Future. J. Fitzmaurice, *Health in the New Communications Age*, M. Laires, M. Ladeira, J. Christensen, eds. IOS Press, 646-650. Discusses the benefits of applying health information systems to health care through computerized clinical decision support systems. (AHCPR 96-R036)

Computer-Based Patient

Records. J. Fitzmaurice, *The Biomedical Engineering Handbook*, J. Bronzino, ed. 1995, 2623-2634. Presents computer-based patient record (CPR) systems as a tool for organizing patient care data, improving patient care, and strengthening the communication of patient care data among health care providers. (AHCPR 96-R008)

Healthcare Informatics Standards Activities of Selected Federal Agencies (A

Compendium). Agency for Health Care Policy and Research, November 1999, 50 pp. Compiles health care informatics standards activities submitted by Federal agencies that are active in drafting and promulgating standards for health care data collection and reporting. Provides information to help the Department of Health and Human Services respond to Vice President Gore's request to improve the coordination of Federal activities in health care data standards development. (AHCPR 00-R004)

Home Healthcare: A New Venue for Telemedicine.

D. Adams, K. Seymens, G. Rookard, et al., in *World Medical Technology Update*, edited by B. Kellock; London: Kensington Publications Ltd., 1998, 226-228. Describes telemedicine applications, design issues, barriers to implementation, and implications for the future. Focuses on electronic home visits and the tracking of outcomes. (AHCPR 97-R088)

Information Society Challenges in the U.S.A.

J. Fitzmaurice, *Health in the New Communications Age*, M. Laires et al., eds., IOS Press, 1995, 34-37. Describes the health care environment, implications of the National Information Infrastructure initiative, and the need for developing a partnership between the U.S.A. and Europe. (AHCPR 96-R035)

Moving Toward International Standards in Primary Care Informatics: Clinical Vocabulary. *Conference Summary Report*, October 1996, 35 pp. Includes proceedings from a 1995 conference on developing standards for coding primary care data. Outlines strengths and weaknesses of current clinical vocabularies and a plan for integrating clinical vocabularies into government and private projects. (AHCPR 96-0069)

A New Twist in U.S. Health Care Data Standards Development. J. Fitzmaurice, *International Journal of Medical Informatics*, 48:1998, 19-28. Describes electronic health care transaction standards for administrative simplification, the Secretary of Health and

Human Services' process of mandating the adoption of those standards, and the implications for the development of future health care informatics standards. (AHCPR 98-R053)

Planned NLM/AHCPR Large-Scale Vocabulary Test.

B. Humphreys, W. Hole, A. McCray, et al., *Journal of the American Medical Informatics Association*, 3(4):July/August 1996, 281-287. Introduces a test sponsored by the National Library of Medicine and AHCPR for determining the extent to which health-related terminologies cover the vocabulary needed in health information systems. (AHCPR 96-R126)

Summary Report: "Current Healthcare Informatics Standards Activities of Federal Agencies".

Agency for Health Care Policy and Research, November 1999, 9 pp. Describes the proceedings of a meeting of contributors to the document, *Healthcare Informatics Standards Activities of Selected Federal Agencies (A Compendium)* (AHCPR 00-R004). Sets the context for Federal health care data standards development, outlines standards activities, identifies key near-term informatics challenges, and describes participant discussions. (AHCPR 00-R005)

Medical Liability

Compendium of Selected State Laws Governing Medical Injury Claims.

Agency for Health Care Policy and Research, March 1996, 43 pp. Provides a partial update of the Compendium of State

Systems for Resolution of Medical Injury Claims (PHS 91-3474). Reviews tort reform measures. (AHCPR 96-R058).

Minority Health

Access to Care in the Indian Health Service.

P. Cunningham, *Health Affairs*, Fall 1993, 224-233. Presents findings from the 1987 Survey of American Indians and Alaska Natives (SAIAN) about external sources of health care and financing for IHS-eligible people. Includes findings on rates of private and public health coverage among the IHS-eligible population, and patterns of health care use (including IHS and other health care providers) by types of insurance coverage and other selected sociodemographic variables. (AHCPR 94-0010)

The Demand for Healthcare Among Racial/Ethnic Subpopulations.

M. Freiman, *HSR: Health Services Research*, 33(4):October 1998, 867-890. Presents a multivariate analysis of the determinants of healthcare expenditures among racial/ethnic groups, using a national sample representative of the civilian noninstitutionalized population. Reviews issues such as the categorization of race/ethnicity and its implications. (AHCPR 99-R006)

Health Insurance Profile: Race/Ethnicity and Sex—1996.

Agency for Health Care Policy and Research, *MEPS Highlights No. 6*, September 1998, 4 pp. Illustrates health insurance estimates for the U.S. civilian noninstitutionalized population under 65,

which are based on data from the 1996 Medical Expenditure Panel Survey. (AHCPR 98-0052)

Health Status and Limitations: A Comparison of Hispanics, Blacks, and Whites, 1996. M. Weigers, S. Drilea, *MEPS Research Findings No. 10*, October 1999, 18 pp. Presents estimates of health status and limitations for the civilian noninstitutionalized population of the United States during calendar year 1996. Estimates are shown separately for Hispanics, blacks, and whites. (AHCPR 00-0001)

Race/Ethnicity and Treatment of Children and Adolescents in Hospitals by Diagnosis. D. Harris, R. Andrews, A. Elixhauser, *Provider Studies Research Note 27*, February 1996, 107 pp. Examines treatment differences among children and adolescents of different groups. Includes data on 75 conditions treated on an inpatient basis and a case study on otitis media to illustrate how to use descriptive statistics to design research projects. (AHCPR 96-0012)

Race, Income, Urbanicity, and Asthma Hospitalization in California. N. Ray, M. Thamer, B. Fadillioglu, et al., *Chest*, 113(5):May 1998, 1277-1284. Extends previous research and addresses an epidemiologic gap involving asthma hospitalizations in California in 1993. Evaluates the relationship between race/ethnicity and income, determines the role and contribution of urbanicity to asthma hospitalizations, and examines bicoastal differences in asthma hospitalization rates. (AHCPR 98-R070)

Racial and Ethnic Differences in Health, 1996. B. Kass, R. Weinick, A. Monheit, *MEPS Chartbook No. 2*, February 1999, 26 pp. Presents estimates of health insurance coverage, access to health care, and health status for Hispanic, black, and white Americans. (AHCPR 99-0001)

Racial and Gender Differences in Use of Procedures for Black and White Hospitalized Adults. D. Harris, R. Andrews, A. Elixhauser, *Ethnicity and Disease*, 7:Spring/Summer 1997, 91-105. Employs logistic regression modeling to examine the influence of race and gender among black and white adult hospitalized patients. Compares the likelihood of having a major therapeutic or major diagnostic procedure while controlling for available information on personal and hospital-level characteristics. (AHCPR 98-R018)

Treatment Differences Between Blacks and Whites with Colorectal Cancer. J. Ball, A. Elixhauser, *Medical Care* 34(9):1996, 970-984. Examines interracial variations in treatment for more than 20,000 patients. Classifies hospitalizations according to diagnoses and procedures according to treatment types. (AHCPR 96-R131)

Trends in Hospital Diagnoses for Black Patients and White Patients: 1980-87. A. Elixhauser, D. Harris, R. Coffey, *Provider Studies Research Note 24*, June 1995, 221 pp. Compares rates of hospital discharges by principal diagnosis for black patients and white patients based on a

national sample of hospitals. Presents point estimates, confidence intervals, estimated annual percentage changes, and confidence limits. (AHCPR 95-0048)

Primary Care

Approaches to Primary Care: Current Realities and Future Visions. C. Clancy, J. Cooper, *The American Journal of Medicine*, 104:March 1998, 215-218. Provides an overview of the history and current practice patterns of general internists, family physicians, and combined medicine-pediatrics practitioners. Speculates about the possible match between current training programs, future system needs, and opportunities. (AHCPR 98-R051)

Changes in Usual Sources of Medical Care Between 1987 and 1992. E. Moy, B. Bartman, C. Clancy, et al., *Journal of Health Care for the Poor and Underserved*, 9(2):1998, 126-139. Addresses whether the decreases in the percentage of Americans (who were observed in the mid-1980s to have a usual source of care) have continued in recent years. Examines whether changes in the usual sources of care affected all Americans or were specific to particular populations. (AHCPR 98-R071)

Defining Primary Care: Empirical Analysis of the National Ambulatory Medical Care Survey. P. Franks, C. Clancy, P. Nutting, *Medical Care*, 35(7):1997, 655-668. Examines 29 physician specialty groups to determine their role in

primary care as it relates to comprehensiveness, coordination, continuity, and accessibility. Suggests that national surveys need to be modified to provide a more comprehensive assessment of U.S. primary care. (AHCPR 97-R090)

Direct Expenditures for the Treatment of Allergic Rhinoconjunctivitis in 1996, Including the Contributions of Related Airway Illnesses. N. Ray, J. Baraniuk, M. Thamer, et al., *Journal of Allergy and Clinical Immunology*, 103(3):March 1999, 401-407. Estimates the direct health care expenditures associated with treating allergic rhinitis and allergic conjunctivitis for all people in the United States in 1996. Determines that upper airway allergy is an expensive disease process. (AHCPR 99-R069)

Health Services Research Agenda for Clinical Preventive Services. J. Cooper, C. Clancy, *American Journal of Preventive Medicine*, 14(4):1998, 331-334. Discusses AHCPR's health services research goals for clinical preventive services in the areas of effectiveness and cost-effectiveness, quality, and access. (AHCPR 98-R074)

Managed Care and Rural America. J. Cooper, *The Journal of Family Practice*, 41(2):August 1995, 115-117. Highlights the vulnerability of rural regions to economic pressures and addresses the following topics: growth of managed care, growth of rural health maintenance organizations, physician participation, and legal issues. (AHCPR 96-R011)

Nurse Staffing Levels and Adverse Events Following Surgery in U.S. Hospitals. C. Kovner, P. Gergen, *Image: Journal of Nursing Scholarship*, 30(4):1998, 315-321. Examines the relationship between nurse staffing and avoidable adverse events. Provides information for managers to use when redesigning and restructuring the clinical workforce involved in providing inpatient care. (AHCPR 99-R032)

Preventing Heat Injury: Military Versus Civilian Perspective. J. Cooper, *Military Medicine*, 162:January 1997, 55-58. Discusses the pathophysiology of heat injury, compares military and civilian approaches to preventing it, and describes appropriate field interventions. (AHCPR 97-R046)

Primary Care Research: Current Challenges, Future Needs. D. Lanier, C. Clancy, *Journal of Family Practice*, 44(5):1997, 434-438. Examines recent challenges/trends in primary care and health services research and how they relate to the health care system. Discusses quality measurement in primary care, research on patient preferences, studies of provider competence, infrastructure of primary care research, and future funding for primary care research. (AHCPR 97-R080)

Randomized, Controlled Trial of Video Self-Instruction Versus Traditional CPR Training. K. Todd, A. Braslow, R. Brennan, et al., *Annals of Emergency Medicine*, 31 (3):March 1998. Finds that within a group of freshman medical students, a half-hour of video self-instruction

resulted in superior overall cardiopulmonary resuscitation performance when compared with instruction from traditional trainees. (AHCPR 98-R043)

Referrals of Adult Patients from Primary Care: Demographic Disparities and Their Relationship to HMO Insurance. P. Franks, C. Clancy, *The Journal of Family Practice*, 45(1):July 1997, 47-53. Examines referrals by primary care physicians, based on office visits of adult patients to primary care physicians reported in the National Ambulatory Care Survey. Adjusts for patient, physician, and practice factors. (AHCPR 97-R091)

Research at the Interface of Primary and Specialty Care. C. Clancy, D. Lanier, M. Grady, eds., *AHCPR Conference Summary Report*, March 1996, 21 pp. Summarizes presentations of a September 1995 conference on defining appropriate provider roles and facilitating more science-based decisions about the appropriate use of primary and specialty services. Includes a list of potential research topics and a bibliography. (AHCPR 96-0034)

Stages of Nursing's Political Development: Where We've Been and Where We Ought to Go. S. Cohen, D. Mason, C. Kovner, et al., *Nursing Outlook*, 44:November/December 1996, 259-266. Identifies four stages of political development in the nursing profession and recommends strategies for implementing the fourth and most complex stage. Bases stages on literature reviews of political activism

and analyses of political involvement. (AHCPR 97-R042)

Quality of Care

CONQUEST 2.0 (Computerized Needs-Oriented Quality Measurement Evaluation System). Agency for Health Care Policy and Research, April 1999. An updated version of this database for collecting and evaluating clinical performance measures can be downloaded from the AHRQ Web site: <http://www.ahrq.gov/qual/conquest.htm>. Additional products available:

Brochure.
(AHCPR 99-0025)

Disks. (5 per set)
(AHCPR 99-DP01)

Quick Start Booklet.
(AHCPR 99-0015)

User's Guide.
(AHCPR 99-0011)

Consumer Assessment of Health Plans Study (CAHPS®). C. Crofton, J. Lubalin, C. Darby. *Medical Care*, Supplement, 37(3):1999, MS1-MS9. Describes the work of the CAHPS® team, its phases and products, the design principles, and data sources. Includes a strategy for evaluating the products at demonstration sites and other locations. (AHCPR 99-R064)

Consumer Preferences: Path to Improvement? C. Clancy, *Health Services Research*, 34(4):October 1999, 807-811. Introduces two articles that describe the scope of the consumers' roles in health and health care; addresses different

CAHPS® 2.0 Survey and Reporting Kit

Agency for Health Care Policy and Research, October 1999. Provides reliable and valid tools that sponsors can use to help consumers and purchasers assess and select health plans. Contains updated materials including surveys that ask consumers about their experiences with their health plans, sample forms for reporting results to consumers, software to assist in data analysis, and guidance and instructions. (AHCPR 99-0039)

Preview of the CAHPS® 2.0 Survey and Reporting Kit

Agency for Health Care Policy and Research, October 1999. Describes CAHPS program and components of the kit of materials to help consumers and purchasers assess and choose a health plan. (AHCPR 99-0047)

aspects of consumers' choices of health plans (such as quality, cost, and coverage); and discusses the conflict between consumers' stated preferences and their decisionmaking processes. (AHCPR 00-R002)

Early Lessons from CAHPS® Demonstrations and Evaluations. K. Carman, P. Short, D. Farley, et al., *Medical Care*, Supplement, 37(3):1999, MS97-MS105. Reports on the early findings and feedback from process evaluations about experiences with the Consumer Assessment of Health Plans Study (CAHPS®). CAHPS® is an integrated set of surveys for obtaining information from health plan enrollees. (AHCPR 99-R065)

The Pursuit of Quality by Business Coalitions: A National Survey. I. Fraser, P. McNamara, G. Lehman, et al., *Health Affairs*, 18(6):November/December 1999, 158-165. Determines the frequency and pattern of coalition activities that could have an impact on the quality of care for employees and their families.

Indicates that most business coalitions have an infrastructure in place that could be tapped to advance quality, service, and cost objectives. (AHCPR 00-R003)

Special Issues Addressed in the CAHPS® Survey of Medicare Managed Care Beneficiaries. J. Schnaier, S. Sweeny, V. Williams, et al., *Medical Care*, Supplement, 37(3):1999, MS69-MS78. Describes the rationale and focus of the Consumer Assessment of Health Plans Study's survey of Medicare managed care. Reviews issues related to the development of items targeted to Medicare beneficiaries, and addresses cognitive testing and psychometric testing of selected items in the survey. (AHCPR 99-R067)

The Use of Cognitive Testing to Develop and Evaluate CAHPS® 1.0 Core Survey Items. L. Harris-Kojetin, F. Fowler, J. Brown, et al., *Medical Care*, Supplement, 37(3):1999, MS10-MS21. Discusses the use of cognitive

testing in the developmental process of the Consumer Assessment of Health Plans Study survey. Shares the main cognitive test findings that are common across the targeted populations. (AHCPR 99-R066)

Measuring Health Care Quality

To support the performance measurement efforts of the Foundation for Accountability (FACCT), in 1996, the Agency for Health Care Policy and Research (AHCPR) funded this series of scientific papers on topics FACCT had identified as first priorities. Issues include quality of life and/or care, clinical outcomes, patient satisfaction, essential care processes, and family burden. Data collection protocols also are presented, and strategies for identifying conditions and behaviors are described.

Assessment of Health Risk Behaviors Among Adults. 69 pp. (AHCPR 96-N021)

Breast Cancer. 36 pp. (AHCPR 96-N020)

Diabetes. 54 pp. (AHCPR 96-N022)

Low Back Pain and Associated Treatment Options. 33 pp. (AHCPR 96-N024)

Major Depressive Disorder. 41 pp. (AHCPR 96-N023)

Statistical and Methodological Research

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Subject Index

Access to care. *See Health insurance/access to care*

Agency information

- Agency for Health Care Policy and Research Strategic Plan1
- Agency for Healthcare Research and Quality: Reauthorization1
- AHCPR Focuses on Information for Health Care Decision Makers1
- Funding Opportunities. AHRQ Fact Sheet17
- Planning and Accountability at AHCPR: Applying the Quality Message at Home ..1
- Quality Research for Quality Health Care ..1
- Research Funding Opportunities at the Agency for Health Care Policy and Research17
- Title IX — Agency for Healthcare Research and Quality1
- Views from Funding Agencies: Agency for Health Care Policy and Research1

AIDS

- Cost and Financing of Care for Persons With HIV Disease: An Overview1
- Dental Service Use Among Adults with Human Immunodeficiency Virus Infection1
- Functional Status Transitions and Survival in HIV Disease1
- Longitudinal Patterns of Medical Service Use and Costs Among People With AIDS1
- Medications Used for Paediatric HIV Infection in the USA, 1991-19922
- Transitions in Insurance and Employment Among People With HIV Infection2
- Utilization of Home Care Among People with HIV Infection2
- Variations in the Care of HIV-Infected Adults in the United States2

Children's health

- Acute Pain Management in Infants, Children, and Adolescents: Operative and Medical Procedures. Quick Reference Guide for Clinicians5
- Annual Report on Access to and Utilization of Health Care for Children and Youth in the United States—19992

- Burden of Environmental Tobacco Smoke Exposure on the Respiratory Health of Children 2 Months Through 5 Years of Age in the United States, The: Third National Health and Nutrition Examination Survey, 1988 to 19942

- Child Health Guide9

- Child Health Services: Building a Research Agenda2

- Child Health Services Research: Challenges and Opportunities2

- Children and Managed Care: What Research Can, Can't and Should Tell Us about Impact2

- Children's Health, 19963

- Children's Health Insurance, Access to Care, and Health Status: New Findings2

- Children's Health Insurance Coverage and Family Structure, 1977-19963

- Clinical Preventive Services Timeline for Normal-Risk Children (Poster)10

- Determinants of Ambulatory Mental Health Services Use for School-Age Children and Adolescents3

- Diagnosis of Attention Deficit/Hyperactivity Disorder16

- Making the Link: Strategies for Coordinating Publicly Funded Health Care Coverage for Children3

- Managing Otitis Media with Effusion in Young Children. Quick Reference Guide for Clinicians7

- Medicaid's Problem Children: Eligible But Not Enrolled3

- Medications Used for Paediatric HIV Infection in the USA, 1991-19922

- Middle Ear Fluid in Young Children. Parent Guide7

- Oral Health Component of Child Health Services Research3

- Otitis Media with Effusion in Young Children. Clinical Practice Guideline Number 127

- Pediatric Guidelines and Managed Care ..3

- Pediatric Outcomes Research in the U.S. Department of Health and Human Services. Report to the Committee on Appropriations, U.S. House of Representatives3

- Race/Ethnicity and Treatment of Children and Adolescents in Hospitals by Diagnosis30

- Rehabilitation for Traumatic Brain Injury in Children and Adolescents17

- Sickle Cell Disease: Comprehensive Screening and Management in Newborns and Infants. Quick Reference Guide for Clinicians8

- Sickle Cell Disease: Screening, Diagnosis, Management, and Counseling in Newborns and Infants. Clinical Practice Guideline Number 68

- Sickle Cell Disease in Newborns and Infants. A Guide for Parents8

- Specific Issues Related to Developing, Disseminating, and Implementing Pediatric Practice Guidelines3

- Tracking the State Children's Health Insurance Program with Hospital Data: National Baselines, and State Variations, and Some Cautions3

- Treatment of Acute Gastroenteritis: Too Much and Too Little Care4

- Treatment of Attention Deficit/Hyperactivity Disorder17

- Waiting in the Wings: Eligibility and Enrollment in the State Children's Health Insurance Program4

Clinical practice guidelines

- Acute Low Back Problems in Adults: Assessment and Treatment. Quick Reference Guide for Clinicians5
- Acute Low Back Problems in Adults. Clinical Practice Guideline Number 145
- Acute Pain Management: Operative or Medical Procedures and Trauma. Clinical Practice Guideline Number 15
- Acute Pain Management in Adults: Operative Procedures. Quick Reference Guide for Clinicians5
- Acute Pain Management in Infants, Children, and Adolescents: Operative and Medical Procedures. Quick Reference Guide for Clinicians5
- Before and After Guidelines4
- Benign Prostatic Hyperplasia: Diagnosis and Treatment. Clinical Practice Guideline Number 85
- Benign Prostatic Hyperplasia: Diagnosis and Treatment. Quick Reference Guide for Clinicians5
- Cardiac Rehabilitation. Clinical Practice Guideline Number 176

Subject Index

- Cardiac Rehabilitation as Secondary Prevention. Quick Reference Guide for Clinicians 6
- Cataract in Adults. A Patient's Guide6
- Cataract in Adults: Management of Functional Impairment. Clinical Practice Guideline Number 46
- Clinical Practice Guidelines in Practice and Education4
- Cost Analysis Methodology for Clinical Practice Guidelines4
- Cost Effectiveness of AHCPR's Smoking Cessation Guideline, The8
- Databases—Their Use in Developing Clinical Practice Guidelines and Estimating the Cost Impact of Guideline Implementation11
- Depression in Primary Care: Detection, Diagnosis, and Treatment: Quick Reference Guide for Clinicians6
- Depression in Primary Care: Volume 1. Detection and Diagnosis. Clinical Practice Guideline Number 56
- Depression in Primary Care: Volume 2. Treatment of Major Depression. Clinical Practice Guideline Number 56
- Depression Is A Treatable Illness. A Patient's Guide6
- Diagnosing and Managing Unstable Angina. Quick Reference Guide for Clinicians9
- Early Alzheimer's Disease. Patient and Family Guide6
- Early Identification of Alzheimer's Disease and Related Dementias. Quick Reference Guide for Clinicians6
- Establishing, Implementing, and Continuing an Effective Continence Program in a Long-Term Care Facility4
- Heart Failure: Evaluation and Care of Patients With Left-Ventricular Systolic Dysfunction. Clinical Practice Guideline Number 117
- Heart Failure: Management of Patients With Left-Ventricular Systolic Dysfunction. Quick Reference Guide for Clinicians7
- Helping People With Incontinence. Care-giver Guide5
- Helping Smokers Quit. A Guide for Primary Care Clinicians9
- High-Quality Mammography: Information for Referring Providers. Quick Reference Guide for Clinicians8
- Living With Heart Disease: Is It Heart Failure? Patient and Family Guide7
- Management of Cancer Pain: Adults. Quick Reference Guide for Clinicians7
- Management of Cancer Pain. Clinical Practice Guideline Number 97
- Management of Cataract in Adults. Quick Reference Guide for Clinicians6
- Managing Acute and Chronic Urinary Incontinence. Quick Reference Guide for Clinicians,
- Managing Cancer Pain. Patient Guide . . .7
- Managing Otitis Media with Effusion in Young Children. Quick Reference Guide for Clinicians7
- Managing Unstable Angina. Patient and Family Guide9
- Methodology Perspectives4
- Middle Ear Fluid in Young Children. Parent Guide7
- Otitis Media with Effusion in Young Children. Clinical Practice Guideline Number 12 7
- Pain Control After Surgery. A Patient's Guide5
- Pediatric Guidelines and Managed Care . .3
- Pharmacologic Management of Acute Pain. Dosing Data5
- Post-Stroke Rehabilitation: Assessment, Referral, and Patient Management. Quick Reference Guide for Clinicians7
- Post-Stroke Rehabilitation. Clinical Practice Guideline Number 167
- Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline Number 38
- Pressure Ulcers in Adults: Prediction and Prevention. Quick Reference Guide for Clinicians8
- Pressure Ulcer Treatment. Quick Reference Guide for Clinicians7
- Preventing Pressure Ulcers. A Patient's Guide8
- Quality Determinants of Mammography. Clinical Practice Guideline Number 13 . . .8
- Recognition and Initial Assessment of Alzheimer's Disease and Related Dementias. Clinical Practice Guideline Number 196
- Recovering After a Stroke. Patient and Family Guide7
- Recovering From Heart Problems Through Cardiac Rehabilitation. Patient Guide . . .6
- Sickle Cell Disease: Comprehensive Screening and Management in Newborns and Infants. Quick Reference Guide for Clinicians8
- Sickle Cell Disease: Screening, Diagnosis, Management, and Counseling in Newborns and Infants. Clinical Practice Guideline Number 68
- Sickle Cell Disease in Newborns and Infants. A Guide for Parents8
- Smoking Cessation, A Systems Approach: A Guide for Health Care Administrators, Insurers, Managed Care Organizations, and Purchasers9
- Smoking Cessation. Clinical Practice Guideline Number 189
- Smoking Cessation: Information for Specialists. Quick Reference Guide for Smoking Cessation Specialists9
- Specific Issues Related to Developing, Disseminating, and Implementing Pediatric Practice Guidelines3
- Things to Know About Quality Mammograms. A Woman's Guide8
- Treating Pressure Sores. Consumer Guide8
- Treating Your Enlarged Prostate. Patient Guide5
- Treatment of Pressure Ulcers. Clinical Practice Guideline Number 158
- Understanding Acute Low Back Problems. Patient Guide5
- Understanding Incontinence. Patient Guide5
- Unstable Angina: Diagnosis and Management. Clinical Practice Guideline Number 109
- Urinary Incontinence in Adults: Acute and Chronic Management. Clinical Practice Guideline Number 2, 1996 Update5
- Using Clinical Practice Guidelines To Evaluate Quality of Care. Volume 1, Issues . .4
- Using Clinical Practice Guidelines To Evaluate Quality of Care. Volume 2, Methods4
- You Can Quit Smoking. Consumer Guide9

Subject Index

Clinical preventive services

- Child Health Guide 9
- Clinical Preventive Services Timeline for Normal-Risk Adults (Poster) 10
- Clinical Preventive Services Timeline for Normal-Risk Children (Poster) 10
- Clinician's Handbook of Preventive Services, 2nd Edition 10
- Guide to Clinical Preventive Services, 2nd Edition 10
- Health Services Research Agenda for Clinical Preventive Services 31
- Personal Health Guide 9
- Staying Healthy at 50+ 9
- We Put Prevention Into Practice (Poster) 10
- Women's Use of Preventive Screening Services: A Comparison of HMO Versus Fee-for-Service Enrollees 35

Consumer information and education

- Be Informed: Questions to Ask Your Doctor Before You Have Surgery 10
- Cataract in Adults. A Patient's Guide 6
- Child Health Guide 9
- Choosing and Using a Health Plan 10
- Common Uterine Conditions. Options for Treatment 10
- Depression Is A Treatable Illness. A Patient's Guide 6
- Early Alzheimer's Disease. Patient and Family Guide 6
- Effective Dissemination of Health and Clinical Information to Consumers 10
- Living With Heart Disease: Is It Heart Failure? Patient and Family Guide 7
- Managing Cancer Pain. Patient Guide 7
- Managing Unstable Angina. Patient and Family Guide 9
- Market Structure and the Role of Consumer Information in the Physician Services Industry: An Empirical Test 10
- Middle Ear Fluid in Young Children. Parent Guide 7
- Now You Have a Diagnosis—What's Next? 10

- Pain Control After Surgery. A Patient's Guide 5
- Personal Health Guide 10
- Prescription Medicines and You. A Consumer Guide 10
- Preventing Pressure Ulcers. A Patient's Guide 8
- Recovering After a Stroke. Patient and Family Guide 7
- Recovering From Heart Problems Through Cardiac Rehabilitation. Patient Guide 6
- Sickle Cell Disease in Newborns and Infants. A Guide for Parents 8
- Things to Know About Quality Mammograms. A Woman's Guide 8
- Your Guide to Choosing Quality Health Care 11
- Treating Pressure Sores. Consumer Guide 8
- Treating Your Enlarged Prostate. Patient Guide 5
- Understanding Acute Low Back Problems. Patient Guide 5
- Understanding Incontinence. Patient Guide 5
- You Can Quit Smoking. Consumer Guide 9

Cost of health care. *See Health care cost and utilization*

Data development and use

- Building Data Research Resources From Existing Data Sets: A Model for Integrating Patient Data to Form a Core Data Set ... 11
- Case for National Health Data Standards, The 11
- Comorbidity Measures for Use With Administrative Data 11
- Compendium of Selected Public Health Data Sources, A 11
- Databases—Their Use in Developing Clinical Practice Guidelines and Estimating the Cost Impact of Guideline Implementation, 11
- Data Files from the 1987 National Medical Expenditure Survey. Information on Public Use Tapes and Other NMES-2 Data Available to the Public 11

- Federal and Private Sector Roles in the Development of Minimum Data Sets and Core Health Data Elements, The 11

- Health Services Data Sources in the U.S. 11

- Nationwide Inpatient Sample (NIS)—Powerful Database for Analyzing Hospital Care 20

- Proposal for a National Mammography Database, A: Content, Purpose, and Value 11

- Tracking the State Children's Health Insurance Program with Hospital Data: National Baselines, and State Variations, and Some Cautions 3

Dental health

- Demands and Opportunities for Development of Self-Reported Assessments of Oral Health Outcomes 12
- Dental Services: A Comparison of Use, Expenditures, and Sources of Payment, 1977 and 1987 12
- Dental Services: Use, Expenditures and Sources of Payment, 1987 12
- Dental Service Use Among Adults with Human Immunodeficiency Virus Infection 1
- Oral Health Component of Child Health Services Research 3

Effectiveness research. *See Outcomes and effectiveness research*

Elderly/long-term care

- AHCPR Research on Long-Term Care ... 12
- Allocation of Resources in Intergenerational Households, The: Adult Children and Their Elderly Parents 12
- Amount, Distribution, and Timing of Lifetime Nursing Home Use, The 12
- Appropriate Placement of Nursing-Home Residents in Lower Levels of Care 12
- Assessing Access as a First Step Toward Improving the Quality of Care for Very Old Adult 12
- Cataract in Adults. A Patient's Guide 6
- Cataract in Adults: Management of Functional Impairment. Clinical Practice Guideline, Number 4 6
- Characteristics of Nursing Home Residents—1996 12

Subject Index

- Combining Activities of Daily Living With Instrumental Activities of Daily Living to Measure Functional Disability12
- Demand for Post-Acute and Chronic Care in Nursing Homes, The13
- Design and Methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component13
- Does Publicly Provided Home Care Substitute for Family Care?13
- Early Alzheimer's Disease. Patient and Family Guide6
- Early Identification of Alzheimer's Disease and Related Dementias. Quick Reference Guide for Clinicians6
- Effect of Medicaid Reimbursement on Quality of Care in Nursing Homes, The13
- Epidemiologic Trends in the Evaluation and Treatment of Lower Urinary Tract Symptoms in Elderly Male Medicare Patients from 1991 to 199513
- Epidemiology of Carotid Endarterectomy Among Medicare Beneficiaries: 1985-1996 Update13
- Establishing, Implementing, and Continuing an Effective Continence Program in a Long-Term Care Facility4
- Family Structure and the Risk of Nursing Home Admission13
- Five Priority Areas for Research on Long-Term Care13
- Functional Disability Scales13
- Health-Related Behaviors and the Benefits of Marriage for Elderly Persons13
- Helping People With Incontinence. Care-giver Guide5
- Impact of Ownership Type on Nursing Home Outcomes, The14
- Implementing a Strategy for Improving Care: Lessons from Studying Those Age 80 and Older in a Health System14
- Interactions Between Hospital and Nursing Home Use14
- Management of Cataract in Adults. Quick Reference Guide for Clinicians6
- Managing Acute and Chronic Urinary Incontinence. Quick Reference Guide for Clinicians5
- Measuring Functioning in Daily Activities for Persons with Dementia14
- Nursing Homes—Structure and Selected Characteristics, 199614
- Nursing Home Trends, 1987 and 199614
- Nursing Home Update—1996: Characteristics of Nursing Home Facilities and Residents14
- Outcomes and Effectiveness Research in Alzheimer Disease14
- Parental Marital Disruption and Intergenerational Transfers: An Analysis of Lone Elderly Parents and Their Children14
- Population of People Age 80 and Older, The: A Sentinel Group for Understanding the Future of Health Care in the United States14
- Pressure Ulcer Prevalence in Ohio Nursing Homes: Clinical and Facility Correlates15
- Recognition and Initial Assessment of Alzheimer's Disease and Related Dementias. Clinical Practice Guideline Number 196
- Risk of Behavior Problems Among Nursing Home Residents in the United States15
- Risky Business: Long-Term Care Insurance Underwriting15
- Roles of Medicaid and Economic Factors in the Demand for Nursing Home Care, The15
- Sample Design of the 1996 Medical Expenditure Panel Survey Nursing Home Component15
- Special Care Units in Nursing Homes—Selected Characteristics, 199615
- Toward the Development of a Research Agenda on Organizational Issues in the Delivery of Healthcare to Older Americans15
- Understanding Incontinence. Patient Guide5
- Urinary Incontinence in Adults: Acute and Chronic Management. Clinical Practice Guideline Number 2, 1996 Update5
- Using Outcomes to Make Inferences About Nursing Home Quality15
- Evidence-based medicine**
Broadening the Evidence Base for Evidence-Based Guidelines15
- Colorectal Cancer Screening15
- Diagnosis and Treatment of Acute Bacterial Rhinosinusitis16
- Diagnosis and Treatment of Swallowing Disorders(Dysphagia)in Acute-Care Stroke Patients16
- Diagnosis of Attention Deficit/Hyperactivity Disorder16
- Evaluation of Beta-Blockers, Calcium Antagonists, Nitrates, and Alternative Therapies for Stable Angina, An16
- Evaluation of Cervical Cytology16
- Evidence-Based Medicine at the Agency for Health Care Policy and Research16
- Evidence-Based Medicine Meets Cost-effectiveness Analysis18
- Pharmacological Treatment of Alcohol Dependence—A Review of the Evidence 16
- Pharmacotherapy for Alcohol Dependence16
- Prevention and Management of Urinary Tract Infections in Paralyzed Persons16
- Rehabilitation for Traumatic Brain Injury 17
- Rehabilitation for Traumatic Brain Injury in Children and Adolescents17
- Relative Effectiveness and Cost-Effectiveness of Methods of Androgen Suppression in the Treatment of Advanced Prostatic Cancer17
- Systemic Review of the Literature Regarding the Diagnosis of Sleep Apnea17
- Ten Lessons for Evidence-Based Technology Assessment16
- Treatment of Attention Deficit/Hyperactivity Disorder17
- Treatment of Depression—Newer Pharmacotherapies17
- Funding information/opportunities**
Funding Opportunities. AHRQ Fact Sheet17
- Research Funding Opportunities at the Agency for Health Care Policy and Research17
- Views from Funding Agencies: Agency for Health Care Policy and Research1
- Gerontology. See Elderly/long-term care**
- Gynecology. See Women's health**

Subject Index

Health care cost and utilization

Amount, Distribution, and Timing of Lifetime Nursing Home Use, The12

Annual Report on Access to and Utilization of Health Care for Children and Youth in the United States—19992

Are We Ready to Use Cost-Effectiveness Analysis in Health Care Decision-Making?18

Case of Disability in the Family, The: Impact on Health Care Utilization and Expenditures for Nondisabled Members18

Clinical Classifications for Health Policy Research: Hospital Inpatient Statistics, 199518

Clinical Classifications for Health Policy Research, Version 2: Hospital Inpatient Statistics18

Compliance with Post-Hospitalization Follow-Up Visits: Rationing by Inconvenience18

Construction of Weights for the 1996 Medical Expenditure Panel Survey Insurance Component List Sample33

Construction of Weights for the 1996 Medical Expenditure Panel Survey Nursing Home Component33

Cost Analysis Methodology for Clinical Practice Guidelines4

Cost and Financing of Care for Persons With HIV Disease: An Overview1

Cost-Benefit Analysis of Preconception Care for Women With Established Diabetes Mellitus34

Cost Differences Among Women's Primary Care Physicians34

Cost-Effectiveness Modeling of Simultaneous Pancreas-Kidney Transplantation25

Cost Effectiveness of AHCPR's Smoking Cessation Guideline, The9

Dental Services: A Comparison of Use, Expenditures, and Sources of Payment, 1977 and 198712

Dental Services: Use, Expenditures and Sources of Payment, 1987, Descriptive Statistics by Insurance Status for Most Frequent Hospital Diagnoses and Procedures18

Design and Methods of the Medical Expenditure Panel Survey Household Component33

Design and Methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component13

Differences Across Payors in Charges for Agency-Based Home Health Services: Evidence from the National Home and Hospice Care Survey18

Direct Expenditures for the Treatment of Allergic Rhinoconjunctivitis in 1996, Including the Contributions of Related Airway Illnesses31

Does Skepticism Towards Medical Care Predict Mortality?18

Estimation Procedures in the 1996 Medical Expenditure Panel Survey Household Component33

Estimation Strategy for the Combined Population Represented by the NMES Household and Nursing Home Surveys, An33

Evidence-Based Medicine Meets Cost-effectiveness Analysis18

Excess Capacity, a Commentary on Markets, Regulation, and Values21

Expenditures by Health Condition, 198719

Exploring the Relationship Between Inpatient Facility and Physician Services19

HCUPnet—Interactive Tool for Identifying, Tracking, Analyzing, and Comparing Statistics on Hospital Care19

Health Care Expenditures and GDP: Panel Data Unit Root Test Results19

Health Care Use in America—199619

Healthcare Expenditures for Sinusitis in 1996: Contributions of Asthma, Rhinitis, and Other Airway Disorders19

Hospital Inpatient Statistics, 199619

Hospital-Insurer Bargaining: An Empirical Investigation of Appendectomy Pricing19

Impact of Financial Incentives on Physician Behavior in Managed Care Plans, The: A Review of the Evidence22

Incidence, Acute Care Length of Stay, and Discharge to Rehabilitation of Traumatic Amputee Patients: An Epidemiologic Study19

List Sample Design of the 1996 Medical Expenditure Panel Survey Insurance Component34

Longitudinal Patterns of Medical Service Use and Costs Among People With AIDS1

Medical Expenditure Panel Survey, The: A National Health Information Resource19

Medical Savings Accounts: Microsimulation Results from a Model with Adverse Selection20

Meeting Medicaid's Cost and Quality Challenges: The Role of AHCPR Research20

Most Common Diagnoses and Procedures in U.S. Community Hospitals, 199620

Most Frequent Diagnoses and Procedures for DRGs, by Insurance Status20

Nationwide Inpatient Sample (NIS)—Powerful Database for Analyzing Hospital Care20

Nonresponse Adjustment Strategy in the Household Component of the 1996 Medical Expenditure Panel Survey34

Outcome, Utilization, and Access Measures for Quality Improvement. HCUP Quality Indicators, Version 1.120

Publications from the National Medical Expenditure Surveys, 1977-9520

Quality Indicators Using Hospital Discharge Data: State and National Applications20

Relative Effectiveness and Cost-Effectiveness of Methods of Androgen Suppression in the Treatment of Advanced Prostatic Cancer17

Sample Design of the 1996 Medical Expenditure Panel Survey Household Component34

Sample Design of the 1996 Medical Expenditure Panel Survey Medical Provider Component34

Sample Design of the 1996 Medical Expenditure Panel Survey Nursing Home Component15

Skepticism Toward Medical Care and Health Care Utilization20

Synoptic Evaluation of Asthma Hospital Admissions in New York City, A20

Use of Care and Subsequent Mortality: The Importance of Gender25

Use of Health Care Services, 199620

Utilization of Home Care Among People with HIV Infection2

Utilization of Specialty and Primary Care: The Impact of HMO Insurance and Patient-Related Factors22

Subject Index

Women's Use of Preventive Screening Services: A Comparison of HMO Versus Fee-for-Service Enrollees35

Health care markets/managed care

Antitrust Enforcement in the Healthcare Industry: The Expanding Scope of State Activity21

Assessing Roles, Responsibilities, and Activities in a Managed Care Environment. A Workbook for Local Health Official21

Building Bridges IV: Managed Care Research Comes of Age21

Carve Outs and Related Models of Contracting for Specialty Care: Framework and Highlights of a Workshop21

Case Study of Point-of-Service Medical Use in a Managed Care Plan, A21

Children and Managed Care: What Research Can, Can't, and Should Tell Us about Impact2

Does Managed Care Affect the Supply and Use of ICU Services?21

Effect of Managed Care on Quality, The .21

Excess Capacity, a Commentary on Markets, Regulation, and Values21

Expanding Scope of State Legislation, The21

Health Services Research in a Market-Oriented Health Care System . . .21

How Well Does a Single Question about Health Predict the Financial Health of Medicare Managed Care Plans?22

Impact of Financial Incentives on Physician Behavior in Managed Care Plans, The: A Review of the Evidence22

Managed Care, Technology Assessment and Coverage of Medical Technology22

Managed Care and Rural America31

Market Structure and the Role of Consumer Information in the Physician Services Industry: An Empirical Test10

Pediatric Guidelines and Managed Care . .3

Promoting Choice: Lessons from Managed Medicaid22

Quality Management by State Medicaid Agencies Converting to Managed Care . .22

Referrals of Adult Patients from Primary Care: Demographic Disparities and Their Relationship to HMO Insurance31

Regulating the Financial Incentives Facing Physicians in Managed Care Plans22

Research on Health Care Organizations and Markets—The Best and Worst of Times .22

Theory and Reality of Value-Based Purchasing: Lessons From the Pioneers . .22

Utilization of Specialty and Primary Care: The Impact of HMO Insurance and Patient-Related Factors22

Women's Use of Preventive Screening Services: A Comparison of HMO Versus Fee-for-Service Enrollees35

Health insurance/access to care

Access to Care in the Indian Health Service29

Access to Health Care22

Access to Health Care in America—1996: Estimates for the U.S. Civilian Noninstitutionalized Population23

Access to Health Care—Sources and Barriers, 199623

Annual Report on Access to and Utilization of Health Care for Children and Youth in the United States—19992

Assessing Access as a First Step Toward Improving the Quality of Care for Very Old Adults12

Changes in Access to Care, 1977-1996: The Role of Health Insurance23

Changes in the Medicaid Community Population: 1987-9623

Children's Health Insurance, Access to Care, and Health Status: New Findings2

Children's Health Insurance Coverage and Family Structure, 1977-19963

Choosing and Using a Health Plan10

Demand for Medicare Supplemental Insurance Benefits, The: The Role of Attitudes Toward Medical Care and Risk23

Descriptive Statistics by Insurance Status for Most Frequent Hospital Diagnoses and Procedures18

Effect of Universal Coverage on Health Expenditures for the Uninsured, The . . .23

Health Insurance Availability at the Workplace—How Important are Worker Preferences?23

Health Insurance Choices in Two-Worker Households: Determinants of Double Coverage23

Health Insurance Coverage in America—1996: Estimates for the U.S. Civilian Population23

Health Insurance, Health Reform, and Outpatient Mental Health Treatment: Who Benefits?23

Health Insurance Profile: Race/Ethnicity and Sex—199629

Health Insurance Status of the Civilian Noninstitutionalized Population: 1996 . .24

Health Insurance Status of the Civilian Noninstitutionalized Population: 1997 . .24

Health Insurance Status of Workers and Their Families, 19924

Job-Based Health Insurance—1987 and 1996: Estimates for the U.S. Civilian Noninstitutionalized Population24

List Sample Design of the 1996 Medical Expenditure Panel Survey Insurance Component34

More Offers, Fewer Takers for Employment-Based Health Insurance: 1987 and 199624

Patient Choice of Physician: Do Health Insurance and Physician Characteristics Matter?24

Premium Subsidies for Health Insurance: Excessive Coverage vs. Adverse Selection24

Risky Business: Long-Term Care Insurance Underwriting,15

State Differences in Job-Related Health Insurance, 199624

Technology Coverage Decisions by Health Care Plans and Considerations by Medical Directors24

Tracking the State Children's Health Insurance Program with Hospital Data: National Baselines, and State Variations, and Some Cautions3

Transitions in Insurance and Employment Among People With HIV Infection2

Uninsured in America—1996, The: Health Insurance Status of the U.S. Civilian Noninstitutionalized Population24

Uninsured in America—1997, The24

Uninsured Workers—Demographic Characteristics, 199624

Uninsured Workers—Job Characteristics, 199625

Subject Index

Use of Care and Subsequent Mortality: The Importance of Gender25

Usual Sources of Health Care and Barriers to Care, 199625

Waiting in the Wings: Eligibility and Enrollment in the State Children's Health Insurance Program4

Health services research

Child Health Services: Building a Research Agenda2

Child Health Services Research: Challenges and Opportunities2

Health Services Data Sources in the U.S. 11

Health Services Research Agenda for Clinical Preventive Services31

Health Services Research in a Market-Oriented Health Care System ...21

How Will We Know "Good" Qualitative Research When We See It? Beginning the Dialogue in Health Services Research ...33

Needs and Challenges for Health Services Research at Academic Health Centers ...25

Oral Health Component of Child Health Services Research3

Toward the Development of a Research Agenda on Organizational Issues in the Delivery of Healthcare to Older Americans15

Health technology

Awareness of Providers' Use of New Medical Technology Among Private Health Care Plans in the United States25

Bone Densitometry25

Bone Densitometry: Patients with Asymptomatic Primary Hyperparathyroidism ...26

Bone Densitometry: Patients with End-Stage Renal Disease26

Combined Liver-Kidney Transplantation .27

Cost-Effectiveness Modeling of Simultaneous Pancreas-Kidney Transplantation .25

Cryosurgery for Recurrent Prostate Cancer Following Radiation Therapy26

18F-Labeled 2-Deoxy-2-Fluoro-D-Glucose Positron-Emission Tomography Scans for the Localization of the Epileptogenic Foci26

Hematopoietic Stem-Cell Transplantation in Multiple Myeloma25, 27

Institutional and Patient Criteria for Heart-Lung Transplantation26

Isolated Pancreas Transplantation27

Living Related Liver Transplantation ...27

Lung-Volume Reduction Surgery for End-Stage Chronic Obstructive Pulmonary Disease26

Managed Care, Technology Assessment and Coverage of Medical Technology22

Plethysmography: Safety, Effectiveness, and Clinical Utility in Diagnosing Vascular Disease26

Relationship Between Muscle Abnormalities and Symptom Duration in Lumbosacral Radiculopathies25

Review Process Used by U.S. Health Care Plans to Evaluate New Medical Technology for Coverage, The25

Signal-Averaged Electrocardiography ...26

Simultaneous Pancreas-Kidney and Sequential Pancreas-After-Kidney Transplantation26

Technology Coverage Decisions by Health Care Plans and Considerations by Medical Directors24

Ten Lessons for Evidence-Based Technology Assessment16

HIV. See AIDS

Hospitals.

Clinical Classifications for Health Policy Research: Hospital Inpatient Statistics, 199518

Clinical Classifications for Health Policy Research, Version 2: Hospital Inpatient Statistics18

Compliance with Post-Hospitalization Follow-Up Visits: Rationing by Inconvenience18

Descriptive Statistics by Insurance Status for Most Frequent Hospital Diagnoses and Procedures18

Does Managed Care Affect the Supply and Use of ICU Services?21

HCUPnetBInteractive Tool for Identifying, Tracking, Analyzing, and Comparing Statistics on Hospital Care19

Hospital Inpatient Statistics, 199619

Hospital-Insurer Bargaining: An empirical Investigation of Appendectomy Pricing ..19

Interactions Between Hospital and Nursing Home Use14

Most Common Diagnoses and Procedures in U.S. Community Hospitals, 199620

Nationwide Inpatient Sample (NIS)-Powerful Database for Analyzing Hospital Care ...20

Nurse Staffing Levels and Adverse Events Following Surgery in U.S. Hospitals ...31

Outcome, Utilization, and Access Measures for Quality Improvement. HCUP Quality Indicators, Version 1.120

Quality Indicators Using Hospital Discharge Data: State and National Applications ...20

Race/Ethnicity and Treatment of Children and Adolescents in Hospitals by Diagnosis30

Racial and Gender Differences in Use of Procedures for Black and White Hospitalized Adults30

Synoptic Evaluation of Asthma Hospital Admissions in New York City, A20

Tracking the State Children's Health Insurance Program with Hospital Data: National Baselines, and State Variations, and Some Cautions3

Traumatic Amputee Patients: An Epidemiologic Study19

Treating Early-Stage Breast Cancer: Hospital Characteristics Associated with Breast-Conserving Surgery35

Trends in Hospital Diagnoses for Black Patients and White Patients: 1980-87 ...30

Informatics. See Medical informatics

Insurance. See Health insurance/access to care

Liability. See Medical liability

Long-term care. See Elderly/long-term care

Managed care. See Health care markets/managed care

Markets. See Health care markets/managed care

Measuring health care quality. See Quality of care

Subject Index

Medical effectiveness research. *See Outcomes and effectiveness research*

Medical informatics

American Perspective for the Future, The 28

Computer-Based Patient Records 28

Healthcare Informatics Standards Activities of Selected Federal Agencies (A Compendium) 28

Home Healthcare: A New Venue for Telemedicine 29

Information Society Challenges in the U.S.A. 29

Moving Toward International Standards in Primary Care Informatics: Clinical Vocabulary 29

New Twist in U.S. Health Care Data Standards Development, A 29

Planned NLM/AHCPR Large-Scale Vocabulary Test 29

Summary Report: "Current Healthcare Informatics Standards Activities of Federal Agencies," 29

Medical liability

Compendium of Selected State Laws Governing Medical Injury Claims 29

Methodological research. See Statistical and methodological research

Minority health

Access to Care in the Indian Health Service 29

Demand for Healthcare Among Racial/Ethnic Subpopulations, The 29

Health Insurance Profile: Race/Ethnicity and Sex—1996 29

Health Status and Limitations: A Comparison of Hispanics, Blacks, and Whites .. 30

Race/Ethnicity and Treatment of Children and Adolescents in Hospitals by Diagnosis 30

Race, Income, Urbanicity, and Asthma Hospitalization in California 30

Racial and Ethnic Differences in Health, 1996 30

Racial and Gender Differences in Use of Procedures for Black and White Hospitalized Adults 30

Treatment Differences Between Blacks and Whites with Colorectal Cancer, 0

Trends in Hospital Diagnoses for Black Patients and White Patients: 1980-87 ... 30

Nursing homes. See Elderly/long-term care

Obstetrics. See Women's health

Oral health. See Dental health

Outcomes and effectiveness research

At Issue: Translating Research into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations 27

Demands and Opportunities for Development of Self-Reported Assessments of Oral Health Outcomes 12

Impact of Ownership Type on Nursing Home Outcomes, The 14

More on Assessing Outcomes of Emergency Care 27

Outcome of Outcomes Research at AHCPR, The 27

Outcome, Utilization, and Access Measures for Quality Improvement. HCUP Quality Indicators, Version 1.1 20

Outcomes and Effectiveness Research: The First Decade and Beyond 27

Outcomes and Effectiveness Research in Alzheimer Disease 14

Outcomes and Quality-Related Research in a Changing Health Care Environment ... 27

Outcomes of Enhanced Prenatal Services for Medicaid-Eligible Women in Public and Private Settings 35

Outcomes of Pharmaceutical Therapy (OPT) Program Update, November 1997 28

Outcomes Research at the Agency for Health Care Policy and Research 28

Patient Outcomes Research Teams: Contribution to Outcomes and Effectiveness Research 28

Patterns of Usual Care for Schizophrenia: Initial Results from the Schizophrenia Patient Outcomes Research Team (PORT) Client Survey 28

Pediatric Outcomes Research in the U.S. Department of Health and Human Services. Report to the Committee on Appropriations, U.S. House of Representatives 3

Publications of the Patient Outcomes Research Teams (PORTs): PORT and PORT II Projects, December 1996 28

Selected 'Greatest Hits' of Outcomes Research at AHCPR 28

Using Outcomes to Make Inferences About Nursing Home Quality 15

Pediatrics. See Children's health

Practice guidelines. See Clinical practice guidelines

Preventive services. See Clinical preventive services

Primary care

Approaches to Primary Care: Current Realities and Future Visions 30

Changes in Usual Sources of Medical Care Between 1987 and 1992 30

Cost Differences Among Women=s Primary Care Physicians 34

Defining Primary Care: Empirical Analysis of the National Ambulatory Medical Care Survey 30

Depression in Primary Care: Detection, Diagnosis, and Treatment: Quick Reference Guide for Clinicians 6

Depression in Primary Care: Volume 1. Detection and Diagnosis. Clinical Practice Guideline Number 5 6

Depression in Primary Care: Volume 2. Treatment of Major Depression. Clinical Practice Guideline Number 5 6

Depression Is A Treatable Illness. A Patient's Guide 6

Direct Expenditures for the Treatment of Allergic Rhinoconjunctivitis in 1996, Including the Contributions of Related Airway Illnesses 31

Health Services Research Agenda for Clinical Preventive Services 31

Managed Care and Rural America 31

Nurse Staffing Levels and Adverse Events Following Surgery in U.S. Hospitals ... 31

Preventing Heat Injury: Military Versus Civilian Perspective 31

Subject Index

Primary Care Research: Current Challenges, Future Needs31

Randomized, Controlled Trial of Video Self-Instruction Versus Traditional CPR Training31

Referrals of Adult Patients from Primary Care: Demographic Disparities and Their Relationship to HMO Insurance31

Research at the Interface of Primary and Specialty Care31

Stages of Nursing's Political Development: Where We've Been and Where We Ought to Go31

Utilization of Specialty and Primary Care: The Impact of HMO Insurance and Patient-Related Factors22

Quality of care

Assessing Access as a First Step Toward Improving the Quality of Care for Very Old Adults12

CAHPS® 2.0 Survey and Reporting Kit ..32

CONQUEST 2.0 (Computerized Needs-Oriented Quality Measurement Evaluation System)32

Consumer Assessment of Health Plans Study (CAHPS®)32

Consumer Preferences: Path to Improvement®32

Early Lessons from CAHPS® Demonstrations and Evaluations32

Effect of Managed Care on Quality, The ..21

Effect of Medicaid Reimbursement on Quality of Care in Nursing Homes, The ..13

High-Quality Mammography: Information for Referring Providers. Quick Reference Guide for Clinicians8

Measuring Health Care Quality: Assessment of Health Risk Behaviors Among Adults ..33

Measuring Health Care Quality: Breast Cancer33

Measuring Health Care Quality: Diabetes 33

Measuring Health Care Quality: Low Back Pain and Associated Treatment Options ..33

Measuring Health Care Quality: Major Depressive Disorder33

Outcome, Utilization, and Access Measures for Quality Improvement. HCUP Quality Indicators, Version 1.120

Meeting Medicaid's Cost and Quality Challenges: The Role of AHCPR Research ..20

Preview of the CAHPS® 2.0 Survey and Reporting Kit32

Pursuit of Quality by Business Coalitions, The: A National Survey32

Quality Determinants of Mammography. Clinical Practice Guideline Number 13 ..8

Quality Indicators Using Hospital Discharge Data: State and National Applications ..20

Quality Management by State Medicaid Agencies Converting to Managed Care ..22

Special Issues Addressed in the CAHPS® Survey of Medicare Managed Care Beneficiaries32

Theory and Reality of Value-Based Purchasing: Lessons From the Pioneers ..22

Things to Know About Quality Mammograms. A Woman's Guide8

U.S. Women Physicians' Assessment of the Quality of Healthcare They Receive35

Use of Cognitive Testing to Develop and Evaluate CAHPS® 1.0 Core Survey Items, The32

Using Clinical Practice Guidelines To Evaluate Quality of Care. Volume 1, Issues ..4

Using Clinical Practice Guidelines To Evaluate Quality of Care. Volume 2, Methods ..4

Using Outcomes to Make Inferences About Nursing Home Quality15

Your Guide to Choosing Quality Health Care11

Research. See Health services research; Outcomes and effectiveness research; Statistical and methodological research

Statistical and methodological research

Clinical Classifications for Health Policy Research: Hospital Inpatient Statistics, 199518

Clinical Classifications for Health Policy Research, Version 2: Hospital Inpatient Statistics18

Construction of Weights for the 1996 Medical Expenditure Panel Survey Insurance Component List Sample33

Construction of Weights for the 1996 Medical Expenditure Panel Survey Nursing Home Component33

Cost Analysis Methodology for Clinical Practice Guidelines4

Descriptive Statistics by Insurance Status for Most Frequent Hospital Diagnoses and Procedures18

Design and Methods of the Medical Expenditure Panel Survey Household Component33

Design and Methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component13

Estimation Procedures in the 1996 Medical Expenditure Panel Survey Household Component33

Estimation Strategy for the Combined Population Represented by the NMES Household and Nursing Home Surveys, An33

HCUPnetBInteractive Tool for Identifying, Tracking, Analyzing, and Comparing Statistics on Hospital Care19

Hospital Inpatient Statistics, 199619

How Will We Know "Good" Qualitative Research When We See It? Beginning the Dialogue in Health Services Research ..33

List Sample Design of the 1996 Medical Expenditure Panel Survey Insurance Component34

Methodology Perspectives4

Nonresponse Adjustment Strategy in the Household Component of the 1996 Medical Expenditure Panel Survey34

Sample Design of the 1996 Medical Expenditure Panel Survey Household Component34

Sample Design of the 1996 Medical Expenditure Panel Survey Medical Provider Component34

Sample Design of the 1996 Medical Expenditure Panel Survey Nursing Home Component15

Small Area Estimation34

Technology. See Health technology

Utilization of health care. See Health care cost and utilization

Subject Index

Women's health

Abdominal Hysterectomy Practice Patterns
in the United States34

Common Uterine Conditions. Options for
Treatment10

Cost-Benefit Analysis of Preconception Care
for Women With Established Diabetes
Mellitus34

Cost Differences Among Women's Primary
Care Physicians34

Evaluation of Cervical Cytology16

Gender Issues in Women's Health Care ..34

High-Quality Mammography: Information
for Referring Providers. Quick Reference
Guide for Clinicians8

Outcomes of Enhanced Prenatal Services for
Medicaid-Eligible Women in Public and
Private Settings35

Proposal for a National Mammography Data-
base, A: Content, Purpose, and Value ...11

Quality Determinants of Mammography.
Clinical Practice Guideline Number 13 ...8

Things to Know About Quality Mammo-
grams. A Woman's Guide8

Treating Early-Stage Breast Cancer: Hospital
Characteristics Associated with
Breast-Conserving Surgery35

U.S. Women Physicians' Assessment of the
Quality of Healthcare They Receive ...35

Women's Health, Chronic Disease, and
Disease Management: New Words and Old
Music?35

Women's Use of Preventive Screening
Services: A Comparison of HMO Versus
Fee-for-Service Enrollees35

Title Index

- Abdominal Hysterectomy Practice Patterns in the United States34
- Access to Care in the Indian Health Service29
- Access to Health Care22
- Access to Health Care in America—1996: Estimates for the U.S. Civilian Noninstitutionalized Population23
- Access to Health Care—Sources and Barriers, 199623
- Acute Low Back Problems in Adults: Assessment and Treatment. Quick Reference Guide for Clinicians5
- Acute Low Back Problems in Adults. Clinical Practice Guideline Number 145
- Acute Pain Management in Adults: Operative Procedures. Quick Reference Guide for Clinicians.5
- Acute Pain Management in Infants, Children, and Adolescents: Operative and Medical Procedures. Quick Reference Guide for Clinicians.5
- Acute Pain Management: Operative or Medical Procedures and Trauma. Clinical Practice Guideline Number 15
- Agency for Health Care Policy and Research Strategic Plan1
- Agency for Healthcare Research and Quality: Reauthorization1
- AHCPR Focuses on Information for Health Care Decision Makers1
- AHCPR Research on Long-Term Care ..12
- Allocation of Resources in Intergenerational Households: Adult Children and Their Elderly Parents, The12
- American Perspective for the Future, The 28
- Amount, Distribution, and Timing of Lifetime Nursing Home Use, The12
- Annual Report on Access to and Utilization of Health Care for Children and Youth in the United States - 19992
- Antitrust Enforcement in the Healthcare Industry: The Expanding Scope of State Activity21
- Approaches to Primary Care: Current Realities and Future Visions30
- Appropriate Placement of Nursing-Home Residents in Lower Levels of Care12
- Are We Ready to Use Cost-Effectiveness Analysis in Health Care Decision-Making?18
- Assessing Access as a First Step Toward Improving the Quality of Care for Very Old Adults12
- Assessing Roles, Responsibilities, and Activities in a Managed Care Environment. A Workbook for Local Health Officials21
- At Issue: Translating Research into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations27
- Awareness of Providers' Use of New Medical Technology Among Private Health Care Plans in the United States25
- Be Informed: Questions to Ask Your Doctor Before You Have Surgery10
- Before and After Guidelines4
- Benign Prostatic Hyperplasia: Diagnosis and Treatment. Clinical Practice Guideline Number 85
- Benign Prostatic Hyperplasia: Diagnosis and Treatment. Quick Reference Guide for Clinicians5
- Bone Densitometry25
- Bone Densitometry: Patients with Asymptomatic Primary Hyperparathyroidism26
- Bone Densitometry: Patients with End-Stage Renal Disease26
- Broadening the Evidence Base for Evidence-Based Guidelines15
- Building Bridges IV: Managed Care Research Comes of Age21
- Building Data Research Resources From Existing Data Sets: A Model for Integrating Patient Data to Form a Core Data Set ...11
- Burden of Environmental Tobacco Smoke Exposure on the Respiratory Health of Children 2 Months Through 5 Years of Age in the United States: Third National Health and Nutrition Examination Survey, 1988 to 1994, The2
- CAHPS® 2.0 Survey and Reporting Kit ..32
- Cardiac Rehabilitation as Secondary Prevention. Quick Reference Guide for Clinicians6
- Cardiac Rehabilitation. Clinical Practice Guideline Number 176
- Carve Outs and Related Models of Contracting for Specialty Care: Framework and Highlights of a Workshop21
- Case for National Health Data Standards, The11
- Case of Disability in the Family: Impact on Health Care Utilization and Expenditures for Nondisabled Members, The18
- Case Study of Point-of-Service Medical Use in a Managed Care Plan, A21
- Cataract in Adults. A Patient's Guide6
- Cataract in Adults: Management of Functional Impairment. Clinical Practice Guideline Number 46
- Changes in Access to Care, 1977-1996: The Role of Health Insurance23
- Changes in the Medicaid Community Population: 1987-9623
- Changes in Usual Sources of Medical Care Between 1987 and 199230
- Characteristics of Nursing Home Residents—199612
- Child Health Guide9
- Child Health Services: Building a Research Agenda2
- Child Health Services Research: Challenges and Opportunities2
- Children and Managed Care: What Research Can, Can't, and Should Tell Us about Impact2
- Children's Health Insurance, Access to Care, and Health Status: New Findings ...2
- Children's Health Insurance Coverage and Family Structure, 1977-19963
- Children's Health, 19963
- Choosing and Using a Health Plan10
- Clinical Classifications for Health Policy Research: Hospital Inpatient Statistics, 199518
- Clinical Classifications for Health Policy Research, Version 2: Hospital Inpatient Statistics18
- Clinical Practice Guidelines in Practice and Education4
- Clinical Preventive Services Timeline for Normal-Risk Adults (Poster)10
- Clinical Preventive Services Timeline for Normal-Risk Children (Poster)10

Title Index

- Clinician's Handbook of Preventive Services, 2nd Edition10
- Colorectal Cancer Screening15
- Combined Liver-Kidney Transplantation27
- Combining Activities of Daily Living With Instrumental Activities of Daily Living to Measure Functional Disability13
- Common Uterine Conditions: Options for Treatment10
- Comorbidity Measures for Use With Administrative Data11
- Compendium of Selected Public Health Data Sources, A.11
- Compendium of Selected State Laws Governing Medical Injury Claims29
- Compliance with Post-Hospitalization Follow-Up Visits: Rationing by Inconvenience ..18
- Computer-Based Patient Records28
- CONQUEST 2.0 (Computerized Needs-Oriented Quality Measurement Evaluation System)32
- Construction of Weights for the 1996 Medical Expenditure Panel Survey Insurance Component List Sample33
- Construction of Weights for the 1996 Medical Expenditure Panel Survey Nursing Home Component33
- Consumer Assessment of Health Plans Study (CAHPS®)32
- Consumer Preferences: Path to Improvement?32
- Cost Analysis Methodology for Clinical Practice Guidelines4
- Cost and Financing of Care for Persons With HIV Disease: An Overview1
- Cost-Benefit Analysis of Preconception Care for Women With Established Diabetes Mellitus34
- Cost Differences Among Women's Primary Care Physicians34
- Cost-Effectiveness Modeling of Simultaneous Pancreas-Kidney Transplantation25
- Cost Effectiveness of AHCPR's Smoking Cessation Guideline, The8
- Critical Literature Review. Clinical Effectiveness in Allied Health Practices26
- Cryosurgery for Recurrent Prostate Cancer Following Radiation Therapy26
- Databases—Their Use in Developing Clinical Practice Guidelines and Estimating the Cost Impact of Guideline Implementation11
- Data Files from the 1987 National Medical Expenditure Survey. Information on Public Use Tapes and Other NMES-2 Data Available to the Public11
- Defining Primary Care: Empirical Analysis of the National Ambulatory Medical Care Survey30
- Demand for Healthcare Among Racial/Ethnic Subpopulations, The29
- Demand for Medicare Supplemental Insurance Benefits: The Role of Attitudes Toward Medical Care and Risk, The ...23
- Demand for Post-Acute and Chronic Care in Nursing Homes, The13
- Demands and Opportunities for Development of Self-Reported Assessments of Oral Health Outcomes12
- Dental Service Use Among Adults with Human Immunodeficiency Virus Infection1
- Dental Services: A Comparison of Use, Expenditures, and Sources of Payment, 1977 and 198712
- Dental Services: Use, Expenditures and Sources of Payment, 198712
- Depression in Primary Care: Detection, Diagnosis, and Treatment. Quick Reference Guide for Clinicians6
- Depression in Primary Care: Volume 1. Detection and Diagnosis. Clinical Practice Guideline Number 56
- Depression in Primary Care: Volume 2. Treatment of Major Depression. Clinical Practice Guideline Number 56
- Depression Is A Treatable Illness. A Patient's Guide6
- Descriptive Statistics by Insurance Status for Most Frequent Hospital Diagnoses and Procedures18
- Design and Methods of the Medical Expenditure Panel Survey Household Component33
- Design and Methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component13
- Determinants of Ambulatory Mental Health Services Use for School-Age Children and Adolescents3
- Diagnosing and Managing Unstable Angina. Quick Reference Guide for Clinicians ...9
- Diagnosis and Treatment of Acute Bacterial Rhinosinusitis16
- Diagnosis and Treatment of Swallowing Disorders (Dysphagia) in Acute-Care Stroke Patients16
- Diagnosis of Attention-Deficit/Hyperactivity Disorder16
- Differences Across Payors in Charges for Agency-Based Home Health Services: Evidence from the National Home and Hospice Care Survey18
- Direct Expenditures for the Treatment of Allergic Rhinoconjunctivitis in 1996, Including the Contributions of Related Airway Illnesses31
- Does Managed Care Affect the Supply and Use of ICU Services?21
- Does Publicly Provided Home Care Substitute for Family Care?13
- Does Skepticism Towards Medical Care Predict Mortality?18
- Early Alzheimer's Disease. Patient and Family Guide6
- Early Identification of Alzheimer's Disease and Related Dementias. Quick Reference Guide for Clinicians6
- Early Lessons from CAHPS® Demonstrations and Evaluations32
- Effect of Managed Care on Quality, The 21
- Effect of Medicaid Reimbursement on Quality of Care in Nursing Homes, The .13
- Effect of Universal Coverage on Health Expenditures for the Uninsured, The ...23
- Effective Dissemination of Health and Clinical Information to Consumers10
- Epidemiologic Trends in the Evaluation and Treatment of Lower Urinary Tract Symptoms in Elderly Male Medicare Patients from 1991 to 199513
- Epidemiology of Carotid Endarterectomy Among Medicare Beneficiaries: 1985-1996 Update13
- Establishing, Implementing, and Continuing an Effective Continence Program in a Long-Term Care Facility4

Title Index

- Estimation Procedures in the 1996 Medical Expenditure Panel Survey Household Component33
- Estimation Strategy for the Combined Population Represented by the NMES Household and Nursing Home Surveys, An33
- Evaluation of Beta-Blockers, Calcium Antagonists, Nitrates, and Alternative Therapies for Stable Angina, An16
- Evaluation of Cervical Cytology16
- Evidence-Based Medicine at the Agency for Health Care Policy and Research16
- Evidence-Based Medicine Meets Cost-effectiveness Analysis18
- Excess Capacity, a Commentary on Markets, Regulation, and Values21
- Expanding Scope of State Legislation, The21
- Expenditures by Health Condition, 1987 .19
- Exploring the Relationship Between Inpatient Facility and Physician Services .19
- ¹⁸F-Labeled 2-Deoxy-2-Fluoro-D-Glucose Positron-Emission Tomography Scans for the Localization of the Epileptogenic Foci26
- Family Structure and the Risk of Nursing Home Admission13
- Federal and Private Sector Roles in the Development of Minimum Data Sets and Core Health Data Elements, The11
- Five Priority Areas for Research on Long-Term Care13
- Functional Disability Scales13
- Functional Status Transitions and Survival in HIV Disease1
- Funding Opportunities. AHRQ Fact Sheet17
- Gender Issues in Women's Health Care .34
- Guide to Clinical Preventive Services, 2nd Edition10
- Haematopoietic Stem-Cell Transplantation in Multiple Myeloma25
- HCUPnet—Interactive Tool for Identifying, Tracking, Analyzing, and Comparing Statistics on Hospital Care19
- Health Care Expenditures and GDP: Panel Data Unit Root Test Results19
- Health Care Use in America—199619
- Healthcare Expenditures for Sinusitis in 1996: Contributions of Asthma, Rhinitis, and Other Airway Disorders19
- Healthcare Informatics Standards Activities of Selected Federal Agencies (A Compendium)28
- Health Insurance Availability at the Workplace - How Important are Worker Preferences?23
- Health Insurance Choices in Two-Worker Households: Determinants of Double Coverage23
- Health Insurance Coverage in America—1996: Estimates for the U.S. Civilian Population23
- Health Insurance, Health Reform, and Outpatient Mental Health Treatment: Who Benefits?23
- Health Insurance Profile: Race/Ethnicity and Sex—199629
- Health Insurance Status of the Civilian Noninstitutionalized Population: 1996 ..24
- Health Insurance Status of the Civilian Noninstitutionalized Population: 1997 ..24
- Health Insurance Status of Workers and Their Families: 199624
- Health-Related Behaviors and the Benefits of Marriage for Elderly Persons13
- Health Services Data Sources in the U.S. 11
- Health Services Research Agenda for Clinical Preventive Services31
- Health Services Research in a Market-Oriented Health Care System21
- Health Status and Limitations: A Comparison of Hispanics, Blacks, and Whites, 1996 .30
- Heart Failure: Evaluation and Care of Patients With Left-Ventricular Systolic Dysfunction. Clinical Practice Guideline Number 11 ...7
- Heart Failure: Management of Patients With Left-Ventricular Systolic Dysfunction. Quick Reference Guide for Clinicians7
- Helping People With Incontinence. Caregiver Guide5
- Helping Smokers Quit. A Guide for Primary Care Clinicians9
- Hematopoietic Stem-Cell Transplantation in Multiple Myeloma27
- High-Quality Mammography: Information for Referring Providers. Quick Reference Guide for Clinicians8
- Home Healthcare: A New Venue for Telemedicine29
- Hospital Inpatient Statistics, 199619
- Hospital-Insurer Bargaining: An Empirical Investigation of Appendectomy Pricing .19
- How Well Does a Single Question about Health Predict the Financial Health of Medicare Managed Care Plans?22
- How Will We Know “Good” Qualitative Research When We See It? Beginning the Dialogue in Health Services Research ...33
- Impact of Financial Incentives on Physician Behavior in Managed Care Plans: A Review of the Evidence, The22
- Impact of Ownership Type On Nursing Home Outcomes, The14
- Implementing a Strategy for Improving Care: Lessons from Studying Those Age 80 and Older in a Health System ...14
- Incidence, Acute Care Length of Stay, and Discharge to Rehabilitation of Traumatic Amputee Patients: An Epidemiologic Study19
- Information Society Challenges in the U.S.A.29
- Institutional and Patient Criteria for Heart-Lung Transplantation26
- Interactions Between Hospital and Nursing Home Use14
- Isolated Pancreas Transplantation27
- Job-Based Health Insurance—1987 and 1996: Estimates for the U.S. Civilian Noninstitutionalized Population24
- List Sample Design of the 1996 Medical Expenditure Panel Survey Insurance Component.34
- Living Related Liver Transplantation ..27
- Living With Heart Disease: Is It Heart Failure? Patient and Family Guide7
- Longitudinal Patterns of Medical Service Use and Costs Among People With AIDS .1
- Lung-Volume Reduction Surgery for End-Stage Chronic Obstructive Pulmonary Disease26
- Making the Link: Strategies for Coordinating Publicly Funded Health Care Coverage for Children3
- Managed Care and Rural America31

Title Index

- Managed Care, Technology Assessment and Coverage of Medical Technology . . .22
- Management of Cancer Pain: Adults. Quick Reference Guide for Clinicians . . .7
- Management of Cancer Pain. Clinical Practice Guideline Number 97
- Management of Cataract in Adults. Quick Reference Guide for Clinicians6
- Managing Acute and Chronic Urinary Incontinence. Quick Reference Guide for Clinicians5
- Managing Cancer Pain. Patient Guide7
- Managing Otitis Media with Effusion in Young Children. Quick Reference Guide for Clinicians7
- Managing Unstable Angina. Patient and Family Guide9
- Market Structure and the Role of Consumer Information in the Physician Services Industry: An Empirical Test10
- Measuring Functioning in Daily Activities for Persons with Dementia14
- Measuring Health Care Quality: Assessment of Health Risk Behaviors Among Adults33
- Measuring Health Care Quality: Breast Cancer33
- Measuring Health Care Quality: Diabetes 33
- Measuring Health Care Quality: Low Back Pain and Associated Treatment Options .33
- Measuring Health Care Quality: Major Depressive Disorder33
- Medicaid's Problem Children: Eligible But Not Enrolled3
- Medical Expenditure Panel Survey: A National Health Information Resource, The19
- Medical Savings Accounts: Microsimulation Results from a Model with Adverse Selection20
- Medications Used for Paediatric HIV Infection in the USA, 1991-19922
- Meeting Medicaid's Cost and Quality Challenges: The Role of AHCPR Research20
- Methodology Perspectives4
- Middle Ear Fluid in Young Children. Parent Guide7
- More Offers, Fewer Takers for Employment-Based Health Insurance: 1987 and 1996 .24
- More on Assessing Outcomes of Emergency Care27
- Most Common Diagnoses and Procedures in U.S. Community Hospitals, 199620
- Most Frequent Diagnoses and Procedures for DRGs, by Insurance Status20
- Moving Toward International Standards in Primary Care Informatics: Clinical Vocabulary.29
- Nationwide Inpatient Sample (NIS)—Powerful Database for Analyzing Hospital Care . . .20
- Needs and Challenges for Health Services Research at Academic Health Centers . .25
- New Twist in U.S. Health Care Data Standards Development, A29
- Nonresponse Adjustment Strategy in the Household Component of the 1996 Medical Expenditure Panel Survey34
- Now You Have a Diagnosis: What's Next?10
- Nurse Staffing Levels and Adverse Events Following Surgery in U.S. Hospitals . . .31
- Nursing Homes —Structure and Selected Characteristics, 199614
- Nursing Home Trends, 1987 and 1996 . .14
- Nursing Home Update—1996: Characteristics of Nursing Home Facilities and Residents14
- Oral Health Component of Child Health Services Research3
- Otitis Media with Effusion in Young Children. Clinical Practice Guideline Number 12 . . .7
- Outcome of Outcomes Research at AHCPR, The27
- Outcomes and Effectiveness Research in Alzheimer Disease14
- Outcomes and Effectiveness Research: The First Decade and Beyond27
- Outcomes and Quality-Related Research in a Changing Health Care Environment . .27
- Outcomes of Enhanced Prenatal Services for Medicaid-Eligible Women in Public and Private Settings35
- Outcomes of Pharmaceutical Therapy (OPT) Program Update, November 199728
- Outcomes Research at the Agency for Health Care Policy and Research28
- Outcome, Utilization, and Access Measures for Quality Improvement. HCUP Quality Indicators, Version 1.120
- Pain Control After Surgery. A Patient's Guide5
- Parental Marital Disruption and Intergenerational Transfers: An Analysis of Lone Elderly Parents and Their Children14
- Patient Choice of Physician: Do Health Insurance and Physician Characteristics Matter?24
- Patient Outcomes Research Teams: Contribution to Outcomes and Effectiveness Research28
- Patterns of Usual Care for Schizophrenia: Initial Results from the Schizophrenia Patient Outcomes Research Team (PORT) Client Survey28
- Pediatric Guidelines and Managed Care . .3
- Pediatric Outcomes Research in the U.S. Department of Health and Human Services. Report to the Committee on Appropriations, U.S. House of Representatives3
- Personal Health Guide10
- Pharmacologic Management of Acute Pain. Dosing Data5
- Pharmacotherapy for Alcohol Dependence16
- Pharmacological Treatment of Alcohol Dependence—A Review of the Evidence16
- Planned NLM/AHCPR Large-Scale Vocabulary Test29
- Planning and Accountability at AHCPR: Applying the Quality Message at Home . .1
- Plethysmography: Safety, Effectiveness, and Clinical Utility in Diagnosing Vascular Disease26
- Population of People Age 80 and Older: A Sentinel Group for Understanding the Future of Health Care in the United States, The14
- Post-Stroke Rehabilitation: Assessment, Referral, and Patient Management. Quick Reference Guide for Clinicians7
- Post-Stroke Rehabilitation. Clinical Practice Guideline Number 167
- Premium Subsidies for Health Insurance: Excessive Coverage vs. Adverse Selection24

Title Index

- Prescription Medicines and You. A Consumer Guide10
- Pressure Ulcer Prevalence in Ohio Nursing Homes: Clinical Facility Correlates15
- Pressure Ulcer Treatment. Quick Reference Guide for Clinicians7
- Pressure Ulcers in Adults. Prediction and Prevention. Clinical Practice Guideline Number 38
- Pressure Ulcers in Adults: Prediction and Prevention. Quick Reference Guide for Clinicians8
- Preventing Heat Injury: Military Versus Civilian Perspective31
- Preventing Pressure Ulcers. A Patient's Guide8
- Prevention and Management of Urinary Tract Infections in Paralyzed Persons16
- Preview of the CAHPS® 2.0 Survey and Reporting Kit32
- Primary Care Research: Current Challenges, Future Needs31
- Promoting Choice: Lessons from Managed Medicaid22
- Proposal for a National Mammography Database: Content, Purpose, and Value, A11
- Publications from the National Medical Expenditure Surveys, 1977-9520
- Publications of the Patient Outcomes Research Teams (PORTs): PORT and PORT II Projects, December 199628
- Pursuit of Quality by Business Coalitions: A National Survey, The32
- Quality Determinants of Mammography. Clinical Practice Guideline Number 13 ...8
- Quality Indicators Using Hospital Discharge Data: State and National Applications ...20
- Quality Management by State Medicaid Agencies Converting to Managed Care ...22
- Quality Research for Quality Health Care .1
- Race/Ethnicity and Treatment of Children and Adolescents in Hospitals by Diagnosis30
- Race, Income, Urbanicity, and Asthma Hospitalization in California30
- Racial and Ethnic Differences in Health, 199630
- Racial and Gender Differences in Use of Procedures for Black and White Hospitalized Adults30
- Randomized, Controlled Trial of Video Self-Instruction Versus Traditional CPR Training31
- Recognition and Initial Assessment of Alzheimer's Disease and Related Dementias. Clinical Practice Guideline Number 19 ...6
- Recovering After a Stroke. Patient and Family Guide7
- Recovering From Heart Problems Through Cardiac Rehabilitation. Patient Guide ...6
- Referrals of Adult Patients from Primary Care: Demographic Disparities and Their Relationship to HMO Insurance31
- Regulating the Financial Incentives Facing Physicians in Managed Care Plans22
- Rehabilitation for Traumatic Brain Injury.17
- Rehabilitation for Traumatic Brain Injury in Children and Adolescents17
- Relationship Between Muscle Abnormalities and Symptom Duration in Lumbosacral Radiculopathies25
- Relative Effectiveness and Cost-Effectiveness of Methods of Androgen Suppression in the Treatment of Advanced Prostatic Cancer.17
- Research at the Interface of Primary and Specialty Care.31
- Research Funding Opportunities at the Agency for Health Care Policy and Research ...17
- Research on Health Care Organizations and Markets—The Best and Worst of Times .22
- Review Process Used by U.S. Health Care Plans to Evaluate New Medical Technology for Coverage, The25
- Risk of Behavior Problems Among Nursing Home Residents in the United States15
- Risky Business: Long-Term Care Insurance Underwriting15
- Roles of Medicaid and Economic Factors in the Demand for Nursing Home Care, The15
- Sample Design of the 1996 Medical Expenditure Panel Survey Household Component34
- Sample Design of the 1996 Medical Expenditure Panel Survey Medical Provider Component34
- Sample Design of the 1996 Medical Expenditure Panel Survey Nursing Home Component15
- Selected 'Greatest Hits' of Outcomes Research at AHCPR28
- Sickle Cell Disease: Comprehensive Screening and Management in Newborns and Infants. Quick Reference Guide for Clinicians8
- Sickle Cell Disease in Newborns and Infants. A Guide for Parents8
- Sickle Cell Disease: Screening, Diagnosis, Management, and Counseling in Newborns and Infants. Clinical Practice Guideline Number 6 8
- Signal-Averaged Electrocardiography ...26
- Simultaneous Pancreas-Kidney and Sequential Pancreas-After-Kidney Transplantation26
- Skepticism Toward Medical Care and Health Care Utilization20
- Small Area Estimation34
- Smoking Cessation, A Systems Approach: A Guide for Health Care Administrators, Insurers, Managed Care Organizations, and Purchasers9
- Smoking Cessation. Clinical Practice Guideline Number 189
- Smoking Cessation: Information for Specialists. Quick Reference Guide for Smoking Cessation Specialists9
- Special Care Units in Nursing Homes—Selected Characteristics, 199615
- Special Issues Addressed in the CAHPS® Survey of Medicare Managed Care Beneficiaries32
- Specific Issues Related to Developing, Disseminating, and Implementing Pediatric Practice Guidelines3
- Stages of Nursing's Political Development: Where We've Been and Where We Ought to Go31
- State Differences in Job-Related Health Insurance, 199624
- Staying Healthy at 50+9
- Summary Report: "Current Healthcare Informatics Standards Activities of Federal Agencies"29
- Synoptic Evaluation of Asthma Hospital Admissions in New York City, A20

Title Index

- Systematic Review of the Literature Regarding the Diagnosis of Sleep Apnea. 17
- Technology Coverage Decisions by Health Care Plans and Considerations by Medical Directors24
- Ten Lessons for Evidence-Based Technology Assessment16
- Theory and Reality of Value-Based Purchasing: Lessons From the Pioneers . .22
- Things To Know About Quality Mammograms. A Woman's Guide8
- Title IX – Agency for Healthcare Research and Quality1
- Toward the Development of a Research Agenda on Organizational Issues in the Delivery of Healthcare to Older Americans15
- Tracking the State Children's Health Insurance Program with Hospital Data: National Baselines, and State Variations, and Some Cautions3
- Transitions in Insurance and Employment Among People With HIV Infection2
- Treating Early-Stage Breast Cancer: Hospital Characteristics Associated with Breast-Conserving Surgery35
- Treating Pressure Sores. Consumer Guide8
- Treating Your Enlarged Prostate. Patient Guide.5
- Treatment Differences Between Blacks and Whites With Colorectal Cancer30
- Treatment of Acute Gastroenteritis: Too Much and Too Little Care4
- Treatment of Attention-Deficit/Hyperactivity Disorder17
- Treatment of Depression—Newer Pharmacotherapies17
- Treatment of Pressure Ulcers. Clinical Practice Guideline Number 158
- Trends in Hospital Diagnoses for Black Patients and White Patients: 1980-8730
- Understanding Acute Low Back Problems. Patient Guide5
- Understanding Incontinence. Patient Guide5
- Uninsured in America—1996: Health Insurance Status of the U.S. Civilian Noninstitutionalized Population, The ...24
- Uninsured in America—1997, The24
- Uninsured Workers—Demographic Characteristics, 199624
- Uninsured Workers—Job Characteristics, 199625
- Unstable Angina: Diagnosis and Management. Clinical Practice Guideline Number 10 ...9
- Urinary Incontinence in Adults: Acute and Chronic Management. Clinical Practice Guideline Number 2, 1996 Update5
- Use of Care and Subsequent Mortality: The Importance of Gender25
- Use of Cognitive Testing to Develop and Evaluate CAHPS® 1.0 Core Survey Items ...32
- Use of Health Care Services, 199620
- Using Clinical Practice Guidelines To Evaluate Quality of Care. Volume 1, Issues4
- Using Clinical Practice Guidelines To Evaluate Quality of Care. Volume 2, Methods4
- Using Outcomes to Make Inferences About Nursing Home Quality15
- Usual Sources of Health Care and Barriers to Care, 199625
- U.S. Women Physicians' Assessment of the Quality of Healthcare They Receive35
- Utilization of Home Care Among People with HIV Infection2
- Utilization of Specialty and Primary Care: The Impact of HMO Insurance and Patient-Related Factors22
- Variations in the Care of HIV-Infected Adults in the United States2
- Views from Funding Agencies: Agency for Health Care Policy and Research1
- Waiting in the Wings: Eligibility and Enrollment in the State Children's Health Insurance Program4
- We Put Prevention Into Practice (Poster) .10
- Women's Health, Chronic Disease, and Disease Management: New Words and Old Music?35
- Women's Use of Preventive Screening Services: A Comparison of HMO Versus Fee-for-Service Enrollees35
- You Can Quit Smoking. Consumer Guide9
- Your Guide to Choosing Quality Health Care11



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